STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966866	08/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bridge Of Hope Alf	5265 Longleaf St Jacksonville, FL 32209	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments
An unannounced Limited Nursing Services (LNS) monitoring survey was conducted at Bridge of Hope in Jacksonville, Florida on , 2014. Deficiencies were identified as a result of the survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and staff interview, the facility failed to ensure that contracted staff submitted a statement from a health care provider within 30 days of employment documenting that they did not have any signs or symptoms of a communicable including for 1 of 1 sampled contract employees. (Contracted Nurse)

The findings include:

A review of the contracted Limited Nursing Services (LNS) nurse's personnel file on revealed that the LNS nurse's contract was dated , however there was no documentation from the contracted LNS nurse's health care provider stating that the LNS nurse was free from communicable including .

An interview with the administrator on at approximately 9:35 AM confirmed that the required documentation was not available for review. She stated, "I don't have that."

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC
Based on record review and staff interview, the facility failed to appropriately contract with a nurse who would be available to provide such services as needed by potential Limited Nursing Services (LNS) residents.

The findings include:

A review of the facility's LNS registered nurse contract on revealed that the form that was serving as a contract was dated , and was not signed by the contracted party. (Photographic evidence obtained)

An interview with the administrator on at 9:35 a.m. revealed that she was unaware that the contracted party was required to sign the contract in order to make it effective.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on record review and staff interview, the facility failed to ensure that any person contracting with a provider or licensee whose responsibilities required him or her to provide personal care or personal services directly to clients received a level II background screening for 1 of 1 sampled contract employees. (Contracted Nurse)

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The findings include:

An [redacted] review of the personnel record for the contracted Limited Nursing Services (LNS) registered nurse (RN) revealed a contract date of [redacted] 2011. No letter of eligibility related to a level II background screening was located in the file.

During an [redacted] interview with the administrator at approximately 9:35 a.m., the administrator confirmed that she had not completed a level II background screening for the LNS contracted nurse.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Bridge of Hope ALF
5265 Longleaf Street
Jacksonville, FL 32209

Dear Administrator:

This letter reports the findings of a state licensure Limited Nursing Services survey that was conducted on 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **09/22/2014** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at

Sincerely,

Jana Meyering

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure

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