STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965390	07/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Clare Bridge Of West Melbourne	7199 Greenboro Dr Melbourne, FL 32904	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - [redacted] S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - [redacted] S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= B

Specific Tag Findings:

0000-Initial Comments
Complaint Inspection #2014004104 in conjunction with CCR#2014003738 was conducted on [redacted] and [redacted] Clare Bridge of West Melbourne Assisted Living Facility had deficiencies found at the time of the visit.

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview the facility failed to ensure staff that provides direct care to residents had all the required training's for 1 of 2 staff records reviewed (Staff H).

Findings:

Employee record review on [redacted] at 12:30 PM for staff H revealed staff H was hired on [redacted] and there was no documentation to confirm that she had completed within 30 days of employment in-service training that included elopement response policies and procedures and Emergency Procedures and Evacuation Training.

[redacted] at 2:30 PM, review of the staff time clock documentation revealed staff H employed in the position of a housekeeper was on the schedule as a Direct Care staff: [redacted] 14,2014 9:52 PM - 11:13 AM, [redacted] 15 9:41 PM-11:47 AM and was on the schedule for 10-6 [redacted] 16,2014 and [redacted] 19,2014.

Interview conducted on [redacted] with administrator at 3:00 PM who stated that staff H is no longer employed by the facility. The administrator further stated she was sure staff H had the above training. She added the documentation was just misplaced and not in her record.

Class III

0082-Training - [redacted] 58A-5.0191(3) FAC
Based on record review and interview the facility did ensure all employees completed a one-time 2 hour course on [redacted] and [redacted] within 30 days of employment for 1 of 2 employee records reviewed (Staff H).

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Findings:

Employee Record review conducted on at 12:30 PM for staff H who was hired on revealed there is no certificate of completion for a one-time 2 hour course on and

Interview conducted on at 3:00 PM with the administrator who stated staff H is no longer employed by the facility. The administrator further stated she was sure staff H had completed all the required above training, however the certificates must be misplaced.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and interview the facility failed to ensure a direct care staff who provided care to residents received at last one hour of training in the facility's policies' and procedures regarding within 30 days after employment for 1 of 2 employee records reviewed (Staff H).

Findings:

Employee record review conducted on at 12:30 PM revealed staff H Who was hired on did not have a certificate of completion for 1 hour of training in the facilities policies' and procedures for within 30 days of employment.

Interview with the administrator who stated staff H is no longer employed by the facility. The administrator further stated she was sure staff H had completed all the required training, however the certificates were misplaced.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on menu review, observations and interviews the facility failed to note the substitutions before or when the meal was served.

Findings:

Observations on at approximately 4:30 PM revealed that there were two dining Observations of Dining revealed that the menus were posted on the wall and noted for dinner: Chicken noodle soup, egg plate, potato Salad and Marble Cake.

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Observations of the dinner served at 5 PM revealed that the residents were served sliced ham with pineapples, macaroni and cheese, stewed tomatoes. Observation of the menu revealed that there were no substitutions noted.

During an interview with staff D who was assisting with serving the food revealed she did not know where they wrote the substitutions. She stated that the cook had already left for the day.

Observation of the Lunch menu revealed the residents were to receive Sante' Salad, Crab Cake, Barley Pilaf, Sauteed Spinach and Pound Cake.

During an interview with the dietary manager on at approximately 11:45 AM, he stated he was going to have substitutions to the menu and provided the substitution list.

Review of the substitution list revealed that the substitutions for were not noted. Further review revealed that he was going to be substituting the Barley Pilaf for Macaroni and Cheese.

During an interview with the Dietary Manager he was informed that Dietary Staff had substituted the dinner on and the residents was already served Macaroni and Cheese. The dietary manager stated at the time he was not aware that the residents were served Macaroni and Cheese for Lunch because it was not written.

Observations of the Lunch Served at approximately 12:30 PM revealed the residents were served a salad, Crab Cake, Spinach and Macaroni and Cheese was served again.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Clare Bridge Of West Melbourne
7199 Greenboro Dr
Melbourne, FL 32904

RE: CCR #2014004104

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on , 2014 by representative(s) 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 , 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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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