STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965603	07/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bridge Assisted Liv At Life Care Center Of Orlando	3201 Rouse Road Orlando, FL 32817	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D

Specific Tag Findings:

0000-Initial Comments
Complaint investigation CCR#2014001878 was conducted on . The Bridge Assisted Living at Life Care Center had a deficiency found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, record review and interview the facility failed notify the healthcare provider of significant changes for 1 of 4 sampled residents (#1) to failed to document the healthcare provider was notified of significant changes for 2 of 4 sampled residents (#1 and #3).

Findings:

The Agency received information that the facility ordered a urinalysis and culture and sensitivity for resident #1, who had a wrote the primary physician's name on the lab requisition and did not notify the physician.

1. Resident record review for resident #1 revealed an Assisted Living Facility Health Assessment Form (1823) dated that indicated diagnoses of right and .

Review of the order dated revealed a urinalysis and culture and sensitivity was ordered by the Advanced Registered Nurse Practitioner (ARNP) for a complaint of on . Review of the lab requisition revealed the ARNP's name and the primary physician's name were written on the lab requisition. The primary physician received the lab results and did not order the lab. There was no documentation that indicated the physician was notified of a significant change that required further testing.

In an interview with the Resident Care Director (RCD) on at approximately 1 PM who stated the ARNP ordered the lab and the nurse wrote the ARNP's name and the primary physician's name on the lab requisition when she requested the labwork. The ARNP ordered the lab. The primary physician was not notified of the labwork.

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2. Resident record review for resident #3 revealed an Assisted Living Facility Health Assessment Form (1823) dated that indicated diagnoses of and abscess of the left knee.

Review of the facility note dated: revealed the resident was transported by facility company car for follow up of in left leg at the hospital. The hospital called the facility and stated they were admitting resident for There was no documentation to review that indicated the family or physician were notified.

Interview with the RCD on at approximately 1 PM who stated there was no documentation the family and physician were notified for resident #1 and #3.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Bridge Assisted Liv At Life Care Center Of Orlando
3201 Rouse Road
Orlando, FL 32817

RE: CCR #2014001878

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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