RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Bridgewater, The
500 Waterman Avenue
Mount Dora, FL 32757

RE: CCR #2014005202

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by representative(s) of this office.

Enclosed 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 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(s). Should you have any questions please call this office at (386) 462-6201/

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912099	08/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bridgewater (the)	**500 Waterman Avenue Mount Dora, FL 32757**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

Specific Tag Findings:

0000-Initial Comments

On unannounced complaint survey CCR #2014005202 was conducted at Bridgewater at Waterman Village Assisted Living Facility in Mt Dora Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on record review and interviews the facility failed to have posted all required numbers for lodging complaints against the facility in full view in a common area for 73 of 73 residents living in the facility.

Findings:

On at approximately 10:30 AM an interview was conducted with the daughter of resident #3. Resident #3's daughter stated there was a time when her mother was going through problems with the facility, but she could not find the Agency's complaint number posted in the facility.

On at approximately 11:00 AM observations of the facility revealed Agency for with (APD) and the Agency Consumer Hotline (AHCA) was not posted anywhere in the assisted living building.

On at approximately 3:00 PM the Administrator was asked to show where the APD number and the AHCA hotline number was posted in the facility. She stated the only two numbers posted in the facility were the Ombudsman number and the hotline number.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on record reviews and interviews the facility failed to follow physician orders for medication for 1 of 3 residents #3.

Findings:

On a record review was conducted on resident #3. It was observed on a discontinued order was given for the prescription cephlexin It was observed that the medication observation record (MOR) was issued on with the cephlexin and it was given again until when the error was caught.

On at approximately 3:50 PM an interview was conducted with the facility charge nurse LPN. She stated the cephlexin was given after it had been discontinued on and it was a medication error. She said the error was caught when the doctor called and wanted to know why it had not been discontinued.

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On . . . it was observed that resident #3 had two prescriptions on the MOR for . . . . . One dated . stated take 2 capsules (4 mg) by mouth three times a day as needed. The second dated . . . stated take 1 capsule (2 mg) by mouth three times a daily until stool is formed and it was stopped on . . .

On . an interview was conducted with the Administrator in reference to . . . . . being stopped on . She stated it was stopped because there was a change order, but they could not find the order for the change.

Class III