STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968414	10/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bradford Homeliving Llc	2335 Soutel Dr Jacksonville, FL 32208	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - E210 - 58a-5.0191(7) Fac - Ecc - Training S-S= D

Specific Tag Findings:

0000-Initial Comments
A biennial licensure survey was conducted on Bradford Homeliving had Licensure deficiencies found at the time of the visit.

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and staff interview the facility failed to provide elopement response training within 30 days of hire for 3 of 3 staff reviewed. (staff A, B, C)

The findings include:

The employee file for Employee A, (hire date and B, (hire date and C (hire date did not contain evidence for 1 hour in elopement response training within 30 days of hire.

During an interview with the Administrator on at 11:45 AM he stated he could not provide evidence of elopement response training for staff A, B, or C.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and staff interview the facility failed to provide P & P (Do Not Resuccitate Order Policy and Procedure) training for 3 of 3 staff reviewed.

The findings include:

The employee file for Employee A (hire date and B (hire date and C (hire date did not contain evidence for 1 hour in P & P training within 30 days of hire.

During an interview with the Administrator on at 11:50 AM he stated he was not able to provide evidence the training for P & P had been completed.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation and staff interview, the facility failed to maintain a dietary substitution log.

The findings include:

During a tour of the kitchen a paper entitled the "dietary substitution log" was pinned to the bulletin Board. The log

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was blank and had no entries in the past six months. He confirmed the facility did substitute items form the menu in the last 6 months.

During an interview with the Administrator on at 11:55 AM he agreed the the facility had failed to make entries on the log during the past six months.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and staff interview the facility failed to maintain a safe and sanitary environment for 9 of 9 residents.

The findings include:

The kitchen floor was observed to have broken tiles and an uneven surface. The kitchen is open to residents. (photographic evidence provided).

The air intake vent in the hallway near the was dirty and rusted. (photographic evidence provided).

During an interview with the Administrator on at 12:00 PM he agreed the floor in the kitchen was uneven and had broken tiles. He also confirmed the vent in the hallway was rusted and stained.

Class III

E210-ECC - Training 58A-5.0191(7) FAC
Based on record review and staff interview the facility failed to provide training for ECC (Extended Congregate Care) for 1 of 3 staff members reviewed (staff B).

The findings include:

The employee file for Employee B, (hire date did not contain evidence for 2 hours of ECC training within six months of hire.

During an interview with the Administrator on at 11:50 AM he stated the ECC training had not been completed for Employee B.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Bradford Homeliving, LLC
2335 Soutel Drive
Jacksonville, FL 32208

Dear Administrator:

This letter reports the findings of a state biennial licensure 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 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, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com