RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: Biennial relicensure

Dear Administrator:

This letter reports the findings of a state licensure 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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965603	**11/13/2014**
NAME OF PROVIDER OR SUPPLIER **Bridge Assisted Liv At Life Care Center Of Orlando**	STREET ADDRESS, CITY, STATE, ZIP CODE **3201 Rouse Road Orlando, FL 32817**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

0000-Initial Comments
A Relicensure survey was conducted on . Bridge Assisted Living at Life Care Orlando had a deficiency at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations, interviews and record reviews, the facility failed to provide 1 of 11 sampled residents with the prescribed morning and lunch time dose of medication as prescribed by the health care provider (#1).

Findings:

On at 4:25 PM during a medication pass observation, staff #A read the medication observation record (MOR) and checked the medication package. Staff #A said, "it looks like the earlier medication was missed."

Upon review of the MOR for , it was noted it had not been signed for the 8 AM and 12 PM dosages and those dosages were still secured in the medication package.

On at approximately 4:30 PM, the Resident Care Director reviewed the MOR and medication package and went inside resident #1's . When she returned from resident #1's , she said resident #1 "acknowledged that she had not been given the earlier dose and that it was definitely a 100% mistake."

During an interview conducted with resident #1 on at 4:30 PM, she stated she did not get her pills earlier that day.

When interviewed on at 5:15 PM, the Resident Care Director confirmed the findings.

Class III