STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964559	11/19/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Clare Bridge Of Venice	1200 Avenida Del Circo Venice, FL 34285	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:
An unannounced Limited Nursing Services Survey was conducted on at Clare Bridge of Venice, an Assisted Living Facility (ALF) located in Venice, Florida.

The following is a description of non-compliance:

N278-LNS - Records 58A-5.031(3) FAC
Based on record review and interview, the facility failed to maintain records of monthly nursing assessments on 1 (Resident #1) of 3 records reviewed.

The findings include:

On , record review for Resident #1 revealed the last available monthly nursing assessment signed by a nurse was dated .

During an interview on at 11:25 a.m. Staff B stated that he is unable to find any other completed nursing assessments for Resident #1 and the nurse will come by later to sign off on the assessments.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on record review and interview, the facility failed to ensure Level II background screenings were conducted on 2 (Staff A and B) out of 5 employees.

The findings include:

1. On , record review for Staff A, a resident aid with direct resident contact, revealed that Staff A's background Level I screening was conducted on . There was no updated Level II screening available.

2. On , record review for Staff B, a regional nurse with direct resident contact, revealed there was no information available regarding a background screening had been completed.

3. An interview with the facility Administrator on at 11:41 a.m., confirmed that Staff A's background screening was not updated according to the regulations. The facility Administrator said that Staff B is employed as a regional nurse and performs nursing services at their different locations throughout the region. He also confirmed that there was no documentation or proof of Level II background screening for Staff B.

4. On at 10:00 a.m., a call placed by surveyor to the State of Florida Background Screening Bureau confirmed that Staff A requires a new Level II background screening. The bureau also confirmed that Staff B's background screening was never completed.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Clare Bridge Of Venice
1200 Avenida Del Circo
Venice, FL 34285

Dear Administrator:

This letter reports the findings of a state 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 (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Acting Field Office Manager

sh
Enclosure: State Form

Fort Myers Field Office
2295 Victoria Avenue, ...
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com