STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964856	11/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Clare Bridge Of Tequesta	211 Village Blvd Tequesta, FL 33469	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR#2014008722, was conducted on at Claire Bridge of Tequesta. The facility had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on interview and record review, it was determined the facility failed to monitor the quantity and quality of resident diets, specifically related to unintentional weight loss for 1 of 3 sampled residents (Resident #3). It was also determined the facility failed to notify the resident's health care provider and family of a significant change in condition, specifically related to unintentional weight loss for 1 of 3 sampled residents (Resident #3) .

The findings include:

Resident #3 was admitted to the facility on and discharged from facility . Her Resident Health Assessment form (AHCA form 1823) dated reflected diagnoses of lumbar , moderate 's , and that she requires the use of a walker. Her cognition is noted as moderate and memory loss. She was noted to be independent with eating skills and to be provided with a regular diet. Weight document as 133 with a height of 6'3'.

Review of Resident #3's Nutrition Tracker logs revealed the following (are as follows):
a) 2014: 129 pounds
b) 2014: no documentation
c) 2014: 124 pounds
d) 2014: 111 pounds
e) 2014: 113 pounds
111 pounds
g) 2014: 112 pounds
* 13.18% weight loss in 6 months per facility's Nutrition Tracker logs. The 18 pound weight loss

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actually occurred in a 4 months time frame.

The facility's policy entitled Change of Condition, revised 2013 that was provided by the ED (Executive Director) on , was reviewed. This documentation reflected a change in condition will be evaluated and documented for residents who exhibit significant deviation in physical or mental status such as a change in medical condition; behavior; or in ability. The emergent and non-emergent sections of this policy indicated that the physician and legally responsible party will be notified of resident's change in condition and that the resident's record will be updated as appropriate.

During interview with LPN #1, conducted on beginning at approximately 1:10 PM, she stated that the facility's scale was not functioning correctly and that a new one was obtained in 2014 as the other one could not be repaired. She acknowledged there was no documentation related to Resident #3's weight loss or evaluation of the resident's weight loss and/or ADL (Activities of Daily Living) until the family brought it to the attention of the facility in 2014.

During interview with the ED (Executive Director), conducted on beginning at approximately 2:00 PM, she was provided the opportunity to locate any documentation from 2014 - 2014 in which the facility notified Resident #3's physician or family of the change in condition of this resident, specifically related to the 18 pound weight loss in 4 months (approximately 13%). She was not able to locate any documentation on this resident's medical records to reflect the physician or family was notified of this weight loss until after the family brought it to the attention of the facility on (per resident log note).

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation, interview, and record review, it was determined the facility failed to ensure that all existing architectural and structural systems and appurtenances were maintained in good working order, specifically related to functioning toilet facilities; refrigerator; and closet shelving, for 1 of 3 sampled residents (Resident #3).

The findings include:

During interview with CNA #1 and Housekeeper #1, conducted on beginning at approximately 10:00 AM, they were asked if a repair needed to be made in a resident ' s they would communicate that request. They both stated the facility's system had recently changed and that a form that is kept at the nurse ' s station is completed and faxed to the other building. A copy of this form was provided for review. It noted the date; person requesting work; what work is needed; date given to

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maintenance; what was done; what follow up was done; who was follow up with; date completed; the signature and date of maintenance is located at the bottom of this form.

Review of the maintenance logs for noted broken closet shelves in Resident #3 ' s apartment and on refrigerator was noted to need defrosting. Review of the maintenance logs noted Resident #3 ' s daughter requested the broken closet doors to be repaired and the toilet hand that " is too difficult to flush please fix or replace " on (this was noted as a 2nd request). Review of the maintenance logs revealed the above noted concerns were reported by Resident #3 ' s daughter via a memo dated that was handwritten and attached to the facility ' s maintenance log dated . This memo noted the closet shelves being broken and the toilet hand needing to be fixed. This memo also indicated a request for repairs was requested 3 weeks prior without follow up by the facility. There was another maintenance log form, dated that indicated the need to repair the toilet handle in Resident #3 ' s that it had been taken care of by maintenance on .

During observation of (Resident #3 ' s former is currently vacant) and interview with the Maintenance Director, conducted on beginning at approximately 10:20 AM, the shelving in the closet (x 4) was noted to be on the floor of the closet; the toilet handle was broken and not functioning; and the refrigerator was laden with ice. The Maintenance Director stated that he has repeatedly replaced this toilet handle and that the housekeeper defrosted the refrigerator a couple of weeks ago. He also stated he had repaired the shelving as well.

During subsequent observation of # (Resident #3 ' s former is currently vacant) and interview with the ED (Executive Director) and Housekeeper #1, conducted on 11 beginning at approximately 10:30 AM, the 4 closet shelves were on the floor; the toilet handle was broken and the toilet was not in working order; and the refrigerator had been moved to the shower drain to defrost the large amount of ice build-up. Housekeeper #1 stated she saw the shelves were in place on the date of Resident #3 ' s discharge as she had been in the She stated she had no idea why they were on the floor now. She also stated that she, personally, defrosted the refrigerator approximately 2 weeks prior to this resident moving out because she remembers bringing her ensure to the kitchen at that time. Housekeeper #1 stated that when family ' s or residents turn the knob to #1 (very that the refrigerators will freeze up very quickly. Housekeeper #1 stated there has been problems with the handle on this toilet. She stated it was very difficult to flush and she acknowledged that it was broken (non-functional) at this time. The ED acknowledged the flushing lever was broken; the closet shelves were on the floor; and the refrigerator was sitting in the shower being defrosted at the time of this observation. The ED could not provide an explanation as to why these items appear not to have been corrected/repaired.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Clare Bridge Of Tequesta
211 Village Blvd.
Tequesta, FL 33469

RE: CCR #2014008722

Dear Administrator:

This letter reports the findings of a Complaint Survey that was conducted on 2014 by a representative from 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com