RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Clare Bridge of Gainesville
4607 NW 53rd Avenue
Gainesville, FL 32606

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 **2015** 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,

Kristen J. Mennella
Field Office Manager

KJM/amw
Enclosure

Alachua Field Office
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965013	11/19/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Clare Bridge Of Gainesville	**4607 Nw 53rd Avenue Gainesville, FL 32606**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0086 - 58a-5.0191(9) Fac - Training - Adrd 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 - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= B

Specific Tag Findings:

0000-Initial Comments

On - unannounced biennial licensure survey with Limited Nursing Services was conducted at Clare Bridge Assisted Living Facility in Gainesville, Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record reviews and interviews the facility failed document omitted information on health assessments (AHCA form 1823) for 3 of 4 residents reviewed (Resident #1, 10 and 11).

Findings:

On a record review was conducted on resident #1, #10 and #11 1823 health assessments. Resident #1 health assessment dated was incomplete for the following reasons. Page 1 was missing residents height and weight. Page 2 was missing comments for activities of daily living (ADL). Page 3 was missing comments for tasks. Page 5 was left blank.

Resident #10 health assessment dated was incomplete for the following reasons. Page 1 missing height, and no medical history. Page 2 had both the supervision and assistance ADL boxes checked with no comments. Page 3 was missing comments for tasks. Page 4 was missing medication assistance information. Page 5 was left blank.

Resident #11 health assessment dated was incomplete for the following reasons. Page 4 was missing physicians address and phone number. Page 5 was left blank.

On at approximately 12:54 PM an interview was conducted with the director of nursing for the facility. She was asked why were the health assessments for residents #1, #10 and #11 incomplete. She stated she was new to the facility and she does not know why they were not completed as required.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on interviews and record reviews the facility failed to honor resident rights by not treating 2 of 8 residents

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#10 & #11 with consideration, respect, due recognition of personal dignity and individuality, by waking up residents #10 and #11 before 6:00 AM, getting them dressed and putting them back to bed.

Findings:

On at approximately 9:08 AM an interview was conducted with direct care Staff C. She stated she works from 10 PM- 6 AM and its hard because they have got to start getting residents up at 4:00 AM get them dressed and take care of them before the 6 AM shift starts.

On at approximately 9:50 AM a interview was conducted with direct care Staff D in reference to residents being up and dressed before she comes to work at 6 AM. She stated the facility has a policy to get at least 4 residents up and get them dressed before the 6 AM shift starts. She further stated the facility has a list of people who were to be up and dressed before 6 AM.

On at approximately 10:20 AM an interview was conducted with direct care Staff E who works from 6 AM- 2 PM. She stated that there are two residents, Resident #10 and #11, which are woken up, dressed, then put back to bed before she starts her shift at 6:00 AM.

On at approximately 10:27 AM an interview was conducted with Resident #11 She said she would like to sleep in some mornings but she is woken up.

On at approximately 11:19 AM an interview was conducted with the facility director of nursing (DON). The DON stated that there is a get up list (she then provided the list). She stated that there are two residents on each hall that are gotten up and dressed before the 6:00 AM shift starts. The 8 residents that are gotten up are all early risers except two which are risks, which are residents #10 and #11. She further stated Resident #10 and Resident #11 are dressed then put back to bed because they cannot sit in the lounge unattended.

On a record review of Resident #10's record revealed a questionnaire dated Resident #10's preferred wake time is documented as, "between 6 a.m. and 7 a.m." further review of the questionnaire revealed Resident #10's preferred time to be assisted with dressing is documented as, "between 6 a.m. and 7 a.m."

A review of Resident #1's record revealed a questionnaire dated Resident #11's preferred wake time is documented on the questionnaire as, "Between 7 a.m. and 8 a.m." Resident #11's preferred time to be assisted with dressing is listed as, "Between 7 a.m. and 8 a.m."

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record reviews and interviews the facility failed to provide in-service training as required for 2 of 3 direct care staff members (Staff A and B).

Findings:

On a record review was conducted on direct care Staff A who was hired Staff A did not have training documentation for Activities of Daily Living and Behavior Needs, Elopement Training, Emergency Response and Preparedness, Incident Report Training, or Recognizing and Reporting Neglect and

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Training.

On a record review was conducted on direct care Staff B who was hired Staff B had no training documentation for Elopement Response Training, Emergency Response and Preparedness Training, Incident Report Training, Recognizing and Reporting Neglect and Training.

On at approximately 3:45 PM an interview was conducted with the Business Office Manager. She was asked why hadn't employees A and B received the required in-service training. She stated she did not know why they had not received the training.

Class III

0086-Training - ADRD 58A-5.0191(9) FAC
Based on record reviews and interviews the facility failed to have training documentation for and Related (ADRD) training for 1 of 3 direct care staff members (Staff B).

Findings:

On a record review was conducted on Staff B who was hired on It was observed there was no documentation showing she had received ADRD training level I as required.

On at approximately 3:45 PM an interview was conducted with the facility business office manager in reference to Staff B not having the required training documentation. She stated she did not know why Staff B did not have the required training but there was an ADRD class being conducted in about a week and she would attend it. She was asked if the facility advertises as a memory care unit specializing in ADRD needs and she said yes.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record reviews and interviews the facility failed to provide documentation for 2 of 3 direct care staff members sampled received Do Not Resusutate Order Policey and Procedure P&P) training (Staff A and Staff B).

Findings:

On a record review of Staff A who was hired and Staff B who was hired was conducted. It was observed that both Staff A and B were missing documentation to show they received P&P training.

On at approximately 3:45 PM an interview was conducted with the buisness office manager regarding the missing P&P training documentation for Staff A and B. She stated she did not know why they have not received the required training.

Class III

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0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observations and interviews the facility failed to follow the approved dietary menu for 32 of 32 residents and did not offer a substitute.

Findings:

On at approximately 10:30 AM an interview was conducted with resident #5. During the interview resident #5 was asked if there was any thing the facility could do for him. The resident stated he likes salad and they need to serve more salads. he asked for a salad the other night and did not get it.

On at approximately 12:00 PM a food service dining review was conducted. The noon meal on the approved dining menu stated that a pickled bean salad would be served as part of the meal. It was observed that none of the residents received the pickled bean salad during the meal.

On at approximately 1:45 PM an interview was conducted with the facility's chef. She was asked why the pickled bean salad was not served with the noon meal as stated on the menu. She said that the residents do not like salad so she did not serve it. She was asked if she served a substitute for the salad and she said no she did not.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on record review and interview, facility failed to maintain required documents on the premises of the facility for 1 of 4 residents reviewed (Resident #2).

Findings:

A review of Resident #2's record showed Resident #2's chart was missing therapeutic records care orders, notes and medication orders.

On at approximately 4:30 p.m. an interview was conducted with the Director of Nursing (DON). The DON denied knowing the order and records were to be maintained on the pureness of the facility.

Class