AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966866	12/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bridge Of Hope Alf	5265 Longleaf St Jacksonville, FL 32209

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 - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments
A biennial licensure survey with Limted Mental Health was conducted on , 2014. Bridge of Hope Assisted Living had licensure deficiencies found at the time of the visit.

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on employee record review and staff interview, the facility failed to provide in-service for Incident Reporting training for 2 of 3 sampled employees (Employee B and C).

The findings include:

The file of Employee B (date of hire 2007) did not contain evidence of training for Incident Reporting.

The file of Employee C (date of hire 10) did not contain evidence of training for Incident Reporting.

During an interview with Administrator on :30 AM she reviewed the files of Employee A & B and confirmed there was no evidence of incide . She stated she would need to provide this training to the employees.

Class III

0090-Training - 58A-5.0191(11) FAC
Ba employee record review and staff interview the facility failed to provide in-service training for P & P (policy and procedure) for 1 of 3 sampled employees (Employee C).

The findings include:

The file of Employee C (date of hire) did not contain evidence of training for P & P.

During an interview with Administrator on at 11:40 AM she reviewed the file of Employee C and confirmed there was no evidence of P & P training. She said she would need to provide this traini to the employee.

Class III

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0167-Resident Contracts 58A-5.025 FAC
Based on document review and staff interview, the facility failed to have a signed contract on file for 1 of 2 resident records reviewed. (Resident #2)

The findings include:

During Record Review for Resident #2 there was no contract found that was signed by resident or by the Resident's POA (power of attorney). There was a template for a contract however it was not signed.

During an interview with the Administrator on at 12:15 PM she confirmed the contract was not signed and she would need to have it signed by the POA for Resident #2.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Bridge Of Hope ALF
5265 Longleaf Street
Jacksonville, FL 32209

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 **02/07/2015** 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. Should you have any questions please call this office at -4201.

Sincerely,

Jana Meyering,
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure

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