RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015001265

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by a representative 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 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 (386) 462-6201.

Sincerely,

Deborah Allison for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965013	02/11/2015
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 - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

On an unannounced complaint survey CCR #2015001265 was conducted at Clare Bridge Assisted Living Facility in Gainesville, Florida. Discernible deficiencies were identified at the time of the survey. The facility was not in compliance at this time.

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC
Based on interviews and record reviews the facility failed to file a state adverse report for 2 of 6 residents reviewed (#3 and #6).

Findings:

On at approximately 9:19 AM an interview was conducted with the Administrator and Wellness Director in reference to any adverse incident reports that have been filed in the last 2 months. They stated the only adverse incident reports that have been filed were on resident #1 and #2.

On at approximately 10:15 AM an interview was conducted with the Wellness Director in reference to residents #3 & #6. She stated that resident #3 was found on the floor next to her bed and she was complaining of pain. She was sent out to the hospital and it was discovered she her pelvis. She said resident #6 was being assisted by staff to the she became combative and kicked her wheelchair and split the skin on her leg down to the bone.

On record reviews were conducted on resident #3. It was observed that resident log shows on at approximately 4:30 PM resident was found on the floor next to her bed by staff. She was complaining that her head and hip were hurting. She was sent to the hospital by ambulance to the hospital.

On a record review was conducted on resident #6. According to an incident report written by staff, resident #6 was being assisted to the the When resident #6 transferred from her wheelchair she hit her right lower leg on the chair and sustained a and had to be sent out by ambulance to the hospital where she remains in rehab.

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On at approximately 3:20 PM the Administrator and Wellness director were asked if the facility filed an adverse incident report in reference to resident #3 falling and fracturing her pelvis or resident #6 when she cut her leg on the wheelchair and needed a higher level of care. They both stated no.

Class III