RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Bridge at Life Care Center of Ocala
2800 SW 41st Street
Ocala, FL 34474

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 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,

Karen Hayes for
Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
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AGENCY FOR HEALTH CARE ADMINISTRATION

PRINTED: 05/14/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: **AL11965229**	(X3) DATE SURVEY COMPLETED **04/30/2015**
NAME OF PROVIDER OR SUPPLIER **BRIDGE AT LIFE CARE CENTER OF OCALA**	STREET ADDRESS, CITY, STATE, ZIP CODE **2800 SW 41ST STREET OCALA, FL 34474**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

On 29-30, 2015 an unannounced biennial licensure survey was conducted at The Bridge at Life Care Center of Ocala, an Assisted Living Facility located in Ocala, Florida. Deficient practice was identified at the time of the survey.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record reviews and interviews the facility failed to have evidence of an annual negative examination for 1 of 3 direct care staff members (B).

Findings:

On during a record review of direct care staff B employee records, if was observed that she had an X-ray dated that shows she was negative for

On at approximately 10:53 AM the office manager stated that the X-ray dated was staff B's most current record and thought it was good for two years. It was explained to the office manager that direct care staff must have annual documentation of a negative exam.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record reviews and interviews the facility failed to have training documentation as required for 1 of 3 direct care staff members (C).

Findings:

On a record review was conducted on direct care staff C training records, and it was observed she was missing training documentation for "Incident reporting, Recognizing/Reporting Neglect & and policy procedure training.

On at approximately 11:42 AM the office manager stated staff C did receive the required training but the paper work was misplaced. She then called the facility nurse to locate the document but the nurse was not sure where it had been misplaced.

Class III