STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964525	06/30/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
CLARE BRIDGE OF TALLAH	1980 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308	

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

0000 - Initial Comments

An unannounced Biennial survey (with Limited Nursing Services) was conducted at Brookdale Centre Pointe Boulevard/ Clare Bridge of Tallahassee Assisted Living Facility. At the time of the survey deficiencies were identified.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based on observation and staff interview, the facility staff failed to ensure the rights of 1 of 11 sampled residents (#8), in regard to dignity/ care.

The Findings:

On at approximately 12:10pm, employee #D was observed assisting resident #8 with gait belt to resident's As resident #8 was being assisted with gait belt, an observation was made of the khaki pants she was wearing, the pant was wet from front crotch area to back and down thigh area of both legs. The wet area was very visible from the distance observed. At approximately 12:15pm employee #D returned to the front area to the dining resident #8 informing her that it was time for lunch and sat the resident back in the same seat. An observation was again made of resident #8 clothing, her pants remained wet from front area to back. Employee #D exited the dining leaving resident #8 to prepare for lunch.

At approximately 12:22pm, employee #D had not returned from the back area and when asked of employee #E of her present, she stated that she was in the back area. Employee #E was asked to check resident #8 clothing to see if she was wet and in need of care. Employee #E checked the resident's clothing and with a surprised look on her face and shaking her head, stated that resident #8 was wet, and smelled of Employee #E took resident #8 to her provide care.

At approximately 12:28pm, an interview was conducted with employee #D and the Administrator. The Administrator and employee #D was asked what the procedure was if a resident needed care and clothing was wet, they reported that the procedure is to check resident's clothing and change, and if meal time to change before allowing the resident to sit at the table. Employee #D reported that when she took resident back to her provided care, but resident's brief was dry. She stated that she did not notice resident clothing was wet.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record reviews and staff interview, the facility failed to ensure the resident's physician conducted an annual evaluation of the use of medications for chemical for 1 of 2 resident records reviewed (Resident #1).

The findings include:

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SUMMARY STATEMENT OF DEFICIENCIES
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0054 Continued From page 1

An open record review for Resident #1 was conducted. The resident was admitted into the facility on . She had a Resident Health Assessment completed on . The Resident was currently taking the following medications: (an 40mg daily, 50mg ½ tablet in the morning and 1 tablet in the evening and (an ½ tablet every night at bedtime. The resident's medical record failed to include an annual physician review for chemical .

An interview was conducted with the Director of Wellness (DoW) on at approximately 12:15pm regarding the facility's process for identifying who requires required annual assessment for chemical review. The DoW indicated she did not currently have a process, but this resident would be due sometime this month. She has plans to set a schedule to get everyone on the same review cycle. The DoW confirmed there was not a Chemical form to indicate at least an annual evaluation completed by the health care provider for review of medications that could potentially be used as chemical .

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review of employee's personnel record and staff interview, the facility failed to ensure that 1 of 3 sampled employees (#A) received the Training.

The Findings:

On a record review was conducted of three employees personnel record for the Training, and employee #A personnel record did not have the training.

On at approximately 12:30pm an interview was conducted with the Administrative Assistant and the Executive Director who verified that Employee #A did not have the Training in her personnel file. The Executive Director reported that she would ensure that Employee #A receives the training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Clare Bridge Of Tallahassee
1980 Centre Pointe Blvd.
Tallahassee, FL 32308

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representative(s) 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

XG90

Tallahassee Field Office
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