STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968414	12/21/2015
NAME OF PROVIDER OR SUPPLIER **BRADFORD HOMELIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2335 SOUTEL DR** **JACKSONVILLE, FL 32208**	

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

0000 Initial Comments

An unannounced Limited Nursing Services and Extended Congregate Care monitoring visit was conducted on __/__. Bradford Home Living had deficiencies found at the time of the visit.

0025 Resident Care - Supervision

Based on observation and interview, the facility failed to ensure adequate supervision for a dependent resident when smoking for 1 of 2 residents observed smoking. (Resident #1)

The findings include:

On __/__ at 10:10 am an interview with the Administrator said Resident #1 was a smoker. He said he cannot do anything for himself and has been declining due to his diagnosis of . He said the caregivers have to feed him because he does not have use of his hands.

On __/__ at 10:49 am an observation of Resident #1 sitting on the porch in a high back wheel chair with an unlit cigarette in his mouth that appeared as if it tried to light but did not catch as the tip of the cigarette was burnt. The caregiver was on the porch with him. He had a blue/white disposable chuck draped over him. The caregiver removed the cigarette so he could speak and left the porch. He said staff have to do everything for him. He said he cannot hold a cigarette or utensils to feed himself. He moved his left arm/hand and observed several holes in his sweatshirt, one was the size of a silver dollar. There were fresh cigarette ashes piled on a fold of the sweatshirt. Another client was observed smoking safely.

On / at 10:55 am an interview was conducted with Employee A, Caregiver. She said she takes Resident #1 out to smoke and tries to make sure he doesn't get ashes on himself. She confirmed he was unable to do anything for himself. She said he tries to help, but he just can't do anything.

On / at 11:00 am an interview with the Administrator stated he was aware of the holes in Resident #1 clothes. He said when he washes his clothes, he noticed them and has had to throw away a few of his shirts because of the holes.

Class III

0054 Medication - Records

Based on record review and an interview with the Administrator, the facility failed to ensure the accuracy

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of the Medication Observation Record (MOR) regarding a duplicate medication and multiple holes in the MOR for 1 of 2 sampled residents. (Resident #2)

The findings include:

On / record review of Resident #2's MOR dated 2015 revealed 500 milligrams (mg) take 1 by mouth every morning. This was recorded on the MOR twice and signed as given on both orders for the month of . Review of the medication card for 500 mg directed to give 1 tablet with breakfast. Additionally, the MOR had multiple holes for all of the medications without explanation of why the medication was not signed as given. (Photographic Evidence)

On / at 11:30 am an interview with the Administrator revealed Resident #2 goes out often and may not have been here at those times. He said there should be an explanation as to why he did not receive the medication for all those days. The Administrator reported that he did not know what happened on the days the MOR's were not signed. He confirmed the missing directions on the MOR and the signed twice every day in .

Class III

E204 ECC - Admissions & Continued Residency

Based on record review and interview, the facility failed to determine the need for Extended Congregate Care (ECC) with expected decline in activity of daily living (ADL) for 1 of 2 sampled residents. (Resident #1)

The findings include:

On / record review of Resident #1's Health Assessment dated / recorded a diagnosis of , . The ADL recorded supervision for eating and transfers, and needs assistance with bathing, dressing, toileting and . His assessment recorded wheel chair bound for ambulation.

On / at 10:10 am an interview with the Administrator stated Resident #1 receives Limited Nursing Services (LNS) for medication assistance. He said his diet changes as well, it fluctuates due to his diagnosis of , . The Administrator reported that sometimes Resident #1 may be on a puree diet and sometimes the facility gave him shakes. He stated that Resident #1 drinks about 6 ensures in a day. He stated, Resident #1's health has been declining over the past months. He said the Health Assessment does not match where he is now. The Administrator reported that there is an overlap

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SUMMARY STATEMENT OF DEFICIENCIES
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in one shift to provide care for him because he needs 2 people to bath and dress him with transfers. He reported that Resident #1 cannot do anything for himself. He said he had to be fed because he doesn't have use of his hands. The Administrator said Resident #1 was in a nursing home before and no-one will take him.

On ___/___ at 10:49 am an interview was conducted with Resident #1 while he was sitting on the front porch in a high back wheel chair (W/C). He said staff have to do everything for him. He said he cannot hold a cigarette or utensils to feed himself.

On ___/___ at 10:55 am an interview with Employee A revealed that for Resident #1 she cuts up his meal and feeds him. She said he sometimes coughs, but he does not choke when she feeds him. She said staff have to bath, change and dress him, then get him up from the bed and out of the wheel chair. She said he'll try to lift his bottom up. She said when putting his shirt on, he'll lift his arm and try and straighten his arm out for her. Employee A reported that Resident #1 tries to help but he can't. She said she has to lift him and get him in the bed to change him. She said he cannot stand him at all and he is ___ weight. She confirmed it takes 2 people to transfer him.

On ___/___ at 11:00 am, an interview with the Administrator after review of the LNS versus Extended Congregate Care (ECC) requirements said he did not think Resident #1 met the requirement for LNS services and he would look into Resident #1 meeting ECC requirements. He said he will speak to the physician about his decline and update the Health Assessment.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Bradford Homeliving, LLC
2335 Soutel Drive
Jacksonville, FL 32208

Dear Administrator:

This letter reports the findings of a state Limited Nursing Services and Extended Congregate Care survey that was conducted on , 2015 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than 4, 2016.** 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. Should you have any questions please call this office at -4201.

Sincerely,

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

MB/JM/sm
Enclosure
XG90

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