

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/08/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968414	(X3) DATE SURVEY COMPLETED 04/04/2016
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

On , 2016 an Extended Congregate Care Survey and a Limited Nursing Services Survey was conducted for Bradford Homeliving. Deficient practice was identified during the surveys.

0152 Physical Plant - Safe Living Environ/Other

Based on observation and staff interview the facility failed to maintain a safe and sanitary environment for 10 of 10 residents.

The Findings Include:

The air intake vent in the hallway near the was dirty and rusted. The A/C unit did not have any air filter installed at the time of observation. The air filter for the A/C (air conditioning) unit was bent, very dirty, and had out of place.

During an interview with the Administrator on at 2:30PM AM he agreed the air intake duct was rusted and dirty and that the filter for the air conditioning unit was bent, very dirty and had out of the a/c unit.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

2016

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

Dear Administrator:

This letter reports the findings of a state licensure Extended Congregate Care and Limit Nursing Services survey that was conducted on , 2016 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 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,

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

JS/JM/sm
Enclosure
XG90

