RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Bridgewater, The
500 Waterman Avenue
Mount Dora, FL 32757

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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. **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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Charles Bouy for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

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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/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912099	06/03/2016
NAME OF PROVIDER OR SUPPLIER **BRIDGEWATER (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **500 WATERMAN AVENUE** **MOUNT DORA, FL 32757**	

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

0000 Initial Comments

On , 2016 through , 2016, a biennial re-licensure survey with Extended Congregate Care (ECC) Monitoring was conducted at Bridgewater at Waterman Village, Facility License Number 7869. Deficient practice was identified during the survey.

0030 Resident Care - Rights & Facility Procedures

Based on observation, interview and policy review, the facility failed to implement safe control practices during assistance with medication administration observation for 1 of 5 residents (Resident #14), and the failed to maintain medical equipment in a sanitary condition specific to silent knight pill crushers on 2 of 4 facility halls (Hall 100 and 400).

Findings:

Observation on at 1:45 PM with Staff B, a Med Tech, revealed the pill crusher (Silent Knight) stored inside the medication cart drawer in 100 hall has accumulated dust and white particle residues in and around the crushing area. Med Tech confirmed at 1:46 PM the presence of the dust after a finger swipe of the area.

During an interview with Staff B on at 1:47 PM when asked how often does the facility cleans the silent knight pill crusher, she replied I clean it every day.

Observation on at 1:20 PM revealed Staff C, Med Tech, unlocked the medication cart. She pulled a bubble pack of and a bottle of for Resident #14 with the medication observation record (MOR) and placed it in a plastic container. Med Tech grabbed a plastic pill crushing pouch, opened the pouch touching the inside area of the pouch. Med Tech dropped one tablet and crushed the medication with the silent knight pill crusher. Med Tech once again touched the inside area of the pouch and poured the crushed medications into a medication cup with apple sauce.

Observation on at 1:23 PM revealed the silent knight pill crusher on 400 hall medication cart has black discoloration at the base of the pill crusher, some white particles at the crushing area. Finger sweep of the base of the pill crusher and obtained a black colored substance.

During an interview with Staff C, a Med Tech on at 1:25 PM, she stated and confirmed that she is not supposed to touch the inside of the pill crusher pouch. When asked how often does she clean the silent knight pill crusher, she replied once a month. Med Tech confirmed that the pill crusher was not

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clean on at 1:25 PM.

Administrator provided on at 2:18 PM a policy and procedure for Assistance with Self-Administered Medication and Medication Management, with effective date of and last reviewed on . Page 2 of 2 of the policy reads: Personnel are expected to use established practice and sound judgement in making decisions in practicing safety in their daily activities. The policy did not include care of equipment and use of a pill crusher pouch.

During an interview with the Administrator on at 2:20 PM, she stated that the facility does not have a policy on cleaning the silent knight pill crusher. Administrator stated that the best practice is to clean the pill crusher daily after it is being used.

Class III

0093 Food Service - Dietary Standards

Based on observation and interview, the facility failed to have a signed approved menu by a licensed dietician, and the facility and failed to insure that a therapeutic diet was prepared and served for 1 of 16 residents (Resident #1).

Findings:

1.) On at 11:30 AM, a food service dining review was conducted in the facility. During the review it was observed that the dietary menu provided and dated was not signed by a licensed dietician.

On at approximately 11:45 AM, the Food Service Dining Director stated that the licensed dietician was on vacation and could not sign the menu.

2.) On a record review was conducted on Resident #1's Resident Health Assessment (AHCA Form 1823), dated I/ . It was observed that Resident #1's 1823 stated she had control carb diet of 45-60 grams.

On at approximately 11:30 AM, the dietary director stated there were no therapeutic diets in the facility.

On at 12:20 PM, Resident #1 was observed in the dining a plate that contained 2

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pork ribs with meat, 8 home fries, and 1/2 cup of green peas on her plate.

On at approximately 12:28 PM, the kitchen cook stated he was responsible for serving the portion sizes for the residents and there are no control carb diets in the facility.

Class III

Z814 Background Screening Clearinghouse

Based on record review and interview, the facility failed to maintain an employee roster with the Agency for Health Care Administrator (AHCA) Background Screening Clearinghouse for 3 of 3 direct care staff reviewed (Staff A, B, and C).

Findings:

On , a record review was conducted on the AHCA Background Screening Clearinghouse website for a current employee roster. It was observed that the facility's employee roster was not up to date with direct care Staff A, B, or C's information.

On at 12:00 PM, an interview was conducted with the Administrator in reference to the employee roster not being current. Administrator stated that the human resource department is suppose to maintained the employee roster at the AHCA Background Screening Clearinghouse.

Unclassified