| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968414 | 09/12/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**BRADFORD HOMELIVING LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2335 SOUTEL DR**<br>**JACKSONVILLE, FL 32208** | |

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

**0000 Initial Comments**

On , 2016 a re-licensure survey was conducted at Bradford Home for Living Assisted Living Facility, License number 12318. Deficient practice was identified during the survey.

**0008 Admissions - Health Assessment**

Based on record review and staff interview, the facility failed to ensure that 1 of 2 sampled residents had a completed Health Assessment (1823). (Resident #1)

The findings include:

A review of Resident #1's Form 1823 was conducted on . Resident #1's Form 1823 did not have the date of examination.

An interview was conducted with the Administrator and Staff E at 5:25 pm on . Staff E confirmed that there was no examination date on Resident #1's 1823.

Class III

Evidence photos obtained.

**0010 Admissions - Continued Residency**

Based on interview, observation and record review, the Administrator failed to ensure that 1 of 6 sampled residents (#1) met continued residency criteria by ensuring that the facility could provide the required services of medication administration and provide the physician required diet, based on the residents Health Assessment Form (1823).

The findings include:

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968414 | 09/12/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**BRADFORD HOMELIVING LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2335 SOUTEL DR**<br>**JACKSONVILLE, FL 32208** | |

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

1) A review of Resident #1's chart revealed an admission date of / . The resident's Health Assessment (Form 1823) on showed that Resident #1's physician assessed her as requiring medication administration. The 1823 was not dated.

A medication pass observation was conducted at 12:05 pm on . Staff D, a caregiver, went to the dining table and placed Resident #1's crushed medication ( ) in a cup of liquid. Staff D then left the table and went back to the medication cart.

An interview with the administrator at 9:45 am on , revealed that Staff D was only certified to assist with self-administration with medication. The Administrator confirmed that Staff D was not licensed to administer medications.

2) Further review of Resident #1's Form 1823 (undated) revealed a physician's note under the section for nursing & services and special precautions that read that the resident needed a mechanical soft diet.

Observation of the lunch meal at 12:10 pm on revealed that Resident #1 received a regular diet. Lunch served included chicken , mixed vegetables, rice and gravy, and watermelon. Resident #1 was observed eating some of her lunch. The food served to Resident #1 was not in a mechanical soft form, and was not altered.

An interview with Employee E at 1:33 pm on was conducted. Employee E stated that Resident #1 had consumed about 50% of her meal.

An interview was conducted with Staff D at 3:09 pm on . Staff D stated, that Resident #1 is on a regular diet and can eat her foods whole (unaltered) but it takes her a long time.

An interview was conducted with Employee E at 5:30 pm on . Employee E confirmed that Resident #1's Form 1823 showed the resident required a mechanical soft diet.

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968414 | 09/12/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**BRADFORD HOMELIVING LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2335 SOUTEL DR**<br>**JACKSONVILLE, FL 32208** | |

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

Evidence photos obtained.

**0052 Medication - Assistance with Self-Admin**

Based on observation, interview, record review, the facility failed to facilitate assistance with self-administration of medications for 2 of 2 resident sampled for medication observation.

The findings include:

1) A review of Resident #1's chart revealed an admission date of / . The resident's Health Assessment (Form 1823) on showed that Resident #1's physician assessed her as requiring medication administration. The 1823 was not dated.

A medication pass observation was conducted at 12:05 pm on . Staff D, a caregiver, went to the dining table and placed Resident #1's crushed medication ( ) in a cup of liquid. Staff D then left the table and went back to the medication cart.

An interview was conducted with Staff D at 1:55 pm on . Staff D stated, Resident #1 had a small amount of liquid left in her cup and that she threw the remaining liquid away.

Review of Resident #1's Medication Observation Record (MOR) at 4:30 pm on was initialed showing that Resident #1 took the medication that the staff placed in her cup. There was no difinitive way to ensure that Resident #1 received all of her prescribed medication, since there was medicated liquid that was disposed of.

2) Review of Resident #2 Health Assessment (1823) on revealed that Resident #2 required assistance with self-administration of medications.

Medication observation was conducted at 12:20 pm on . Staff D went to the dining table and

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968414 | 09/12/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**BRADFORD HOMELIVING LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2335 SOUTEL DR**<br>**JACKSONVILLE, FL 32208** | |

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

placed Resident #2's medication ( , , and ) in her hand. Staff D left the resident at the table and went back to the medication cart. Staff D did not observed the resident take the medication.

An interview was conducted with Staff E at 5:15 pm on . Staff E confirmed that Staff D was required to observe the residents take their medications.

Class III

**0053 Medication - Administration**

Based on observation, interview, record review, the facility failed to have a licensed staff member to administer medications for 2 of 2 sampled residents reviewed for medications (Resident #1 & Resident #2).

The findings include:

1) An interview was conducted with Staff D, a caregiver, at 11:00 am on . Staff D stated that Resident #1 receives and that she gives Resident #1 her . Staff D also reported that she performs glucose testing on Resident #1.

Medication pass observation was conducted at 12:00 pm on . Staff D was observed performing glucose testing on Resident #1.

A review of Resident #1's chart revealed an admission date of / . The resident's Health Assessment (Form 1823) on showed that Resident #1's physician assessed her as requiring medication administration. The 1823 was not dated.

2) An interview was conducted with Resident #2 at 10:20 am on . Resident #2 stated that staff sometimes assist her with the machine. Resident #2 stated that a couple of different staff assist her with turning on the machine and putting the tubes(cannula) in her nose.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968414 | 09/12/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**BRADFORD HOMELIVING LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2335 SOUTEL DR**<br>**JACKSONVILLE, FL 32208** | |

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

An interview was conducted Staff F, a caregiver, at 3:11 pm on . She stated, Resident #1 receives and she gives Resident #1 her . She reported that she also does Resident #1 glucose testing. Staff F confirmed that she assisted Resident #2 with her tank. Staff F stated that she will put the cannula in Resident #2's nose.

An interview was conducted with the Administrator at 5:32 pm on . The Administrator stated that he thought that unlicensed staff could assist with & . Confirmed that neither employee was licensed to administer medications.

Class III

Evidence photos obtained

**0055 Medication - Storage and Disposal**

Based on observation and interview, the facility failed to secure medications for residents living at the facility.

The findings include:

Observation of the medication cart at 12:00 pm on showed Staff D taking medications out of the cart. Staff D never locked the medication when walking away, and assisting the residents with their medications.

Observation of the medication cart at 3:00 pm on , showed the medication cart unlocked. Staff was observed walking throughout the facility. The cart was unattended.

Observation of the medication cart at 5:00 pm on showed the medication cart unlocked. Staff was walking around in the facility. The cart was unattended.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968414 | 09/12/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**BRADFORD HOMELIVING LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2335 SOUTEL DR**<br>**JACKSONVILLE, FL 32208** | |

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

An interview was conducted with Staff E at 5:01 pm on . Staff E confirmed the medication cart was unlocked and locked it.

Class III

**0056 Medication - Labeling and Orders**

Based on observation, interview and record review, the facility failed to have a written medication orders in the resident's chart for 2 of 6 (Resident #1 and #2) sampled residents.

The findings include:

1) Medication pass observation was conducted at 11:50 am on . Staff D was observed performing glucose testing on Resident #1. Staff D was not observed looking at the Medication Observation Record or any physician orders for Resident #1

Review of Resident #1's Medication Observation Record (MOR) for 2016 did not show any orders or sliding scale for when to give Resident #1's

An interview was conducted with Staff D, a caregiver, at 11:00 am on . Staff D stated that Resident #1 receives and that she gives Resident #1 her . Staff D also reported that she performs glucose testing on Resident #1.

A review of Resident #1's chart revealed an admission date of / . The resident's Health Assessment (Form 1823) on showed that Resident #1's physician assessed her as requiring medication administration. The 1823 was not dated. Resident #1's chart did not have any orders for

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968414 | 09/12/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**BRADFORD HOMELIVING LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2335 SOUTEL DR**<br>**JACKSONVILLE, FL 32208** | |

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

2) Observation of Resident #2's an machine.

An interview was conducted with Resident #2 at 10:20 pm on . Resident #2 stated, that the machine the surveyor seen was her machine. Resident #2 stated, staff assist sometimes assist her with the machine.

Review of Resident #2's Medication Observation Record (MOR) did not show an order for .

An interview was conducted with Staff E at 2:20 pm on . Staff E stated the sliding scale is usually on the resident's MOR. Staff E looked at Resident #1's MOR and confirmed that there was no sliding scale on the MOR to show when the resident's should be given, based on the glucose testing results. Staff E stated that Resident #2 does receive , and she thinks a medical supply company delivers the supplies. She stated she does not think that the resident has an order for the . A request for the physician orders for Resident #1 and #2 was made. Staff E stated she will have to get the physician orders faxed over from the pharmacy because she does not have physician orders onsite for Resident #1 nor #2.

Class III

**0078 Staffing Standards - Staff**

Based on record review and interview, the facility failed to ensure that 3 of 4 sampled employees had annual documentation of a negative examination. The facility also failed to ensure that 2 of 4 sampled employees had documentation showing that they were free from communicable .

The findings include:

A review of Employee A (Date of Hire: / / ), C (Date of Hire: ), and D (Date of Hire: ), file was conducted on . There was no evidence to show that Employees A, C nor D had annual documentation of a negative examination. Employee A's last documentation was dated , Employee C's last documentation was dated , and Employee D's last

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968414 | 09/12/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**BRADFORD HOMELIVING LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2335 SOUTEL DR**<br>**JACKSONVILLE, FL 32208** | |

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

documentation was dated .

An interview was conducted with the administrator at 9:30 am on . The administrator confirmed that Employee A, C nor D file contained evidence to show that they had documentation of a negative examination.

A review of Employee B(Date of Hire: ), and C (Date of Hire: / ), file was conducted on . There was no evidence to show that Employees B nor C had documentation showing that they were free from communicable .

An interview was conducted with the administrator at 9:40 am on . The administrator confirmed that Employees B nor C had documentation in their file showing that they were free from communicable .

Class III

**0162 Records - Resident**

Based on interview, observation and record review, the facility failed to maintain 2 of 2 sampled resident records by not having the resident (#1) weighed semi-annually and not having a copy of the physician orders in the resident (#2) record.

The findings include:

Observation of Resident #2's an machine.

An interview was conducted with Resident #2 at 10:20 pm on . Resident #2 stated, that the machine surveyor seen was her machine. Resident #2 stated, staff assist sometimes assist her with the machine.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968414 | 09/12/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**BRADFORD HOMELIVING LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2335 SOUTEL DR**<br>**JACKSONVILLE, FL 32208** | |

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

Review of Resident #2's Medication Observation Record (MOR) did not show an order for .

An interview was conducted with Staff E at 2:20 pm on . The surveyor asked Staff E questions regarding Resident #2 receiving . Staff E stated, Resident #2 does receive and she thinks a medical supply company delivers the supplies. She stated, she does not think that the resident have an order for the . The surveyor requested the physician orders for Resident #2. Staff E stated, she will have to get the physician orders faxed over because she do not have physician orders onsite for Resident #2. Staff E stated, she will call the pharmacy.

An observation of Resident #1's weight record on , showed the resident had a weight of 103 pounds on / / . The resident admission date listed on the record was / .

An interview with Staff E at 1:33 pm on . She stated, the resident eaten about 50% of food.

An interview was conducted with administrator at 3:30 pm on . The administrator stated, the weight record he gave surveyor for Resident #1 was the only record of weights he had for her.

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 licensure 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,

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

JG/JM/sm
Enclosure
XG90

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com