STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966866	12/06/2016
NAME OF PROVIDER OR SUPPLIER **BRIDGE OF HOPE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5265 LONGLEAF ST** **JACKSONVILLE, FL 32209**	

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

0000 Initial Comments

On 6, 2016 an unannounced biennial re-licensure survey was conducted at Bridge of Hope Assisted Living (License #10996). Deficient Practice was identified during the survey.

0083 Training - First Aid and

Based on employee record review and staff interview the facility failed to ensure that staff who are left alone with residents have current First Aid and ( ) that is offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health.

The findings include:

The employee file for Employee A, who is the Administrator, revealed that her certification expired on .

During an interview with the Administrator at 1:45 PM she acknowledged that at times she is the only staff on duty in the ALF (assisted living facility) and that her training was expired and needs to be updated.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and staff interview the facility failed to provide evidence of an updated assistance with medication training for 1 of 3 employees reviewed (employee B).

The findings include:

A review of the personnel file for Employee B on revealed her assistance with medication

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SUMMARY STATEMENT OF DEFICIENCIES
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training had expired on 9/28/2016. Medication update training must be completed annually.

During an interview with the Administrator on , at 1:30 PM she acknowledged that the assistance with medication training for employee B had expired on .

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Bridge of Hope ALF
5265 Longleaf Street
Jacksonville, FL 32209

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 21, 2017.** 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, P
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure
XG90

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