STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965603	12/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGE ASSISTED LIV AT LIFE CARE CENTER OF ORLANDO	**3201 ROUSE ROAD ORLANDO, FL 32817**

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

0000 - Initial Comments

The re-licensure survey was conducted on 12/19/2016 at Bridge Assisted Living at Life Care Center of Orlando, License #9958. There were deficiencies found at the time of the visit.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility did not ensure the Medication Observation Record (MOR) was kept updated for 1 of 2 sampled residents (#12).

Findings:

Record review for resident #12 revealed a health assessment 1823 form dated that listed a diagnoses of and read she required assistance with self-administration of her medications.
Review of her 2016 MOR revealed an entry for - 0.5-2.5 milligrams per milliliter, give 1 via four times a day and was scheduled for 8:00 AM, 12:00 PM, 4:00 PM, 8:00 PM.
The entries on , , and were blank for the 4:00 PM and 8:00 PM doses. The entry on for the 12:00 PM dose was blank.
During an interview with the resident care director on / / at 2:29 PM, she said she believed resident #12 received the medication on those dates but the staff forgot to sign the MOR.
Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review and interview the facility failed to maintain 6 months of menus available for review.
Findings:
Review of the 4-week rotational menu cycle was conducted. The date on the menu was / , as prepared and provided by the licensed dietician. The facility did not maintain a list or separate pages to show on dates each week of the 4-week cycle was served.
In an interview with kitchen manager on / / at 11:15AM, he stated he did not have a record of when they served each of the weeks of their cycle in the past 6 months.
Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965603	12/19/2016
NAME OF PROVIDER OR SUPPLIER **BRIDGE ASSISTED LIV AT LIFE CARE CENTER OF ORLANDO**	STREET ADDRESS, CITY, STATE, ZIP CODE **3201 ROUSE ROAD** **ORLANDO, FL 32817**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to update its Background Screening (BGS) Clearing House employee roster on the Agency for Health Care Administrator website.

Findings:

A review of the provider's BGS Clearing House Employee Roster was conducted on . There were only 6 employee names listed.

At 10:15 a.m., the Resident Care Director (RCD) stated that those employees listed were no longer employed by the facility. She confirmed the facility had not updated the roster to show the 'End Date' of each employee. She also confirmed that none of the current employees were listed on the roster.

On at 10:15 a.m. and 2:45 p.m. the executive director stated that he was not aware of the requirements that the facility had to maintain an up-to-date employee roster.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Bridge Assisted Liv At Life Care Center Of Orlando
3201 Rouse Road
Orlando, FL 32817

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2016 by representative(s) 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 , 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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure
XG90

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