STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966484	08/08/2017
NAME OF PROVIDER OR SUPPLIER **BRIDGE AT INVERRARY (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **4291 ROCK ISLAND ROAD** **LAUDERHILL, FL 33319**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on - at Bridge at Inverrary (License#10669). The facility had deficiencies at the time of the survey.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure that each staff member submitted a annual written statement or evidence from a healthcare provider documenting that the individual does not have any signs or symptoms of communicable , for 1 of 3 sampled staff (Staff A).

The Findings Included:

On at approximately 11:30AM, a record review was conducted on Staff A's employee file. It revealed Staff A did not receive a written statement or evidence from a health care provider documenting that she does not have any signs or symptoms of communicable for 2016 and 2017. The Designee was given an opportunity to locate the documentation.

During an interview with the Designee, Regional Nurse and, Business Office Manager, on //2017 at approximately 2:00PM, the findings were acknowledged, and no additional documentation was provided for review.

Class III

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

Based on record review and interview, the facility failed to have regular and therapeutic menus reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietician technician supervised by a licensed or registered dietitian.

The Findings Included:

On at approximately 10:15AM, the facilities current posted menu was observed, the menu was dated . Further review of the facility's 5 week menu revealed all menus cycles, emergency food and emergency 3 day menu's were also dated . During this time an interview was conducted with the Food Service Manager and he was not able to provided current menu's, emergency food and emergency 3 day menu's. On at approximately 12:00PM, updated menus (only) were provided.

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	AL11966484	**08/08/2017**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

During an interview with the Administrator, Regional Nurse, and Business Office Manager, the findings were acknowledged and no additional documentation was provided for review.

Class III