STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965603	**08/29/2017**
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)

0000 - Initial Comments

A complaint investigation #2017005985 and #2017006127) was conducted on , 2017. The Bridge Assisted Living at Life Care Center of Orlando, license #9958, had a deficiency related to 2017006127 at the time of the investigation.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record reviews and interview, the facility failed to ensure a health assessment form 1823 was complete for 2 of 3 sampled residents (#1 and #2).

Findings:

1. Review of a health assessment form 1823 that was dated on for resident #1 revealed that the following questions were not answered:

1. Whether she required 24-hour nursing or , care.

2. Whether she required assistance with her medications.

3. Whether her needs could be met in an Assisted Living Facility.

2. Review of a health assessment form 1823 that was dated on for resident #2 revealed that the question that pertained to whether she required assistance with her medications was not answered.

Review of the records for resident #1 and #2 revealed no documentation to indicate the facility obtained the omitted information from a health care provider.

On at 2:30 pm, the director of nursing confirmed the findings.

Class III