

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966484	(X3) DATE SURVEY COMPLETED 03/26/2018
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 licensure complaint survey, CCR# 2018000308, was conducted on _____ at The Bridge at Inverrary, License # 10669. The facility had a deficiency identified at the time of the survey.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on record review, interview and observations, it was determined the facility failed to ensure that all grievances and concerns are addressed in a timely manner. Specifically, related to the facility failure to address concerns voiced by residents regarding the call light system response time and staffing concerns, for 54 out of 54 residents.

The findings include:

The Surveyor requested the facility grievance policy in writing. The Administrator verbally indicated the process works as follows: The grievance is received by Staff, passed on to the Administrator. The Administrator logs the complaint, investigates the complaints, develops a resolution and conveys the resolution to the complainant(s) and documents the log of its conclusion. This process is conducted immediately upon being made aware of the complaint, grievance, concern or issue.

A review of the facility's Resident Council Committee notes, the following was identified. On _____ and _____, the Resident Council Committee addresses issues with Staffing shortages and customer service complaints and the most recent issue on _____ was not addressed until Surveyor intervention. The Administrators stated they were unaware of those problems, but would address them right away. The Administrator was unable to provide any documentation/evidence of follow-up to the concerns from the _____.

During confidential resident interviews conducted on _____, the following was revealed. The staff do not respond to the call light system in a timely manner upon request by residents. It was revealed that the residents have to wait long periods of time (more than 15 minutes) and at times have to scream loud from their _____ to get assistance from staff due to the lack of response to the system. The interviews also revealed that staff also have told residents that request toileting assistance to just go in there pants and someone would clean them up. The facility has trimmed the staffing hours and/or cut the staff; you hardly see anyone in the hallways if you need them.

During confidential staff interviews on _____, the following was revealed. The staff informed the surveyor that they were trained to respond to the call light in 7 minutes.

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The Administrator initially advised the Surveyor that they have an in-house call light monitoring system which they are able to review each morning to determine the length of time that it takes for the direct care staff to answer the call lights. The Administrator further stated that they are unable to print, track or trend this report for statistical purposes. The Surveyor requested the Executive Director to define the parameters for the expectation for the direct care staff to respond to the call lights. They both responded that it should take "a reasonable time" They refused to provide a specific parameter or number of minutes. The Surveyor advised them that the Staff had been given training from some previous source of training for a specific number of minutes to respond to the call light system. They stated they did not know what they were, and demanded to know the number of minutes the staff told the Surveyor. The Surveyor asked the Administrator how the Staff could know the number of minutes to respond to the call lights when the Administration was not aware. Additionally, how could Administration track performance without these measures in place. The Executive Director has indicated that they were not aware of these issues. Class III		