AGENCY FOR HEALTH CARE ADMINISTRATION

PRINTED: 02/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965603	R 01/23/2019

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

A revisit survey to the re-licensure survey was conducted on . Bridge Assisted Living at Life Care (LIC#9958) had deficiencies at the time of the visit.

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record review and interview 2 of 5 sampled unlicensed staff (A & B) who provided assistance with the residents medication did not receive annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility provided by a licensed registered nurse, or licensed pharmacist.

Findings:

Personnel record review for Staff A who provided assistance with the resident's medications revealed the last 2 hour annual continuing education training on providing assistance with self -administered medications and safe medication practices in an assisted living facility was dated (due).

Review of certificates revealed that caregiver B received the initial 4-hours of training on providing assistance with self-administration of medications on and a 2 hour annual update on . There was no documentation to indicate caregiver B received the required annual 2 hour update training in 2018.

On the administrator and the business office manager confirmed findings for Staff A & B.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on facility record review and interview, the facility failed to ensure the Comprehensive Emergency Management Plan (CEMP) for the facility was submitted and approved by the county office of Emergency Management on an annual basis as required by 58A-5.026 (2) FAC.

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

Findings:

Request to review the facility's CEMP and approval letter revealed there was no approval letter received. The Emergency plan was present and reviewed.

On at 10:00am the administrator stated she had submitted their plan for approval on line in the summer but did not have a current approval letter from the county.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

DEFICIENCY REMAINED UNCORRECTED

Based on observations and interview, the facility had no evidence to confirm 1) their emergency power plan (EPP) was submitted for review and approval, 2) they developed and implemented written policies and procedures to ensure the assisted living facility could effectively and immediately activate and operate the alternate power source 3) did not within 5 business days notify each resident and the resident's legal representative in writing when the plan was submitted to the county Office of Emergency Management (OEM) for review and approval as required by 58A-5.036 FAC.

Findings:

Review of the facility's documents did not reveal an emergency power plan or approval letter, or documentation the residents or responsible parties were notified in writing of the submission of the facility plan.

Observation during a tour of the facility found there was an 800 gallon tank for diesel fuel on the property. The administrator stated this would supply 60 hours of power to the generator. She stated they have an agreement with a local company to deliver more fuel, but they did not have a written contract for service.

On at 10:30 am, the administrator stated she had submitted the plan for approval on line in the summer, but did not have a current approval letter from the county.

Class III