STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966484	08/27/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bridge At Inverrary (the)	4291 Rock Island Road Lauderhill, FL 33319	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

St - A - 000 - - Initial Comments
An unannounced standard biennial licensure survey was conducted on and The Bridge at Inverrary, had licensure deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview, the facility failed to ensure that all resident Health Assessment (AHCA form 1823) forms were accurate and complete, for 3 out of 24 sample residents (resident #16, 20 and #24).

The findings include:

1. Resident #16 was admitted to this facility on The health assessment was faxed to the doctor on However, the form was returned to the facility without the date of the examination.

2. Resident # 24 was admitted on Review of the health assessment form, revealed it lacked documentation of the physician's address.

During a follow-up interview with the DON on at 1:30 PM, she verified and confirmed that the aforementioned information were in fact omitted from the record.

3. A review of the health assessment for Resident # 20 revealed a current health assessment

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966484	08/27/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bridge At Inverrary (the)	4291 Rock Island Road Lauderhill, FL 33319	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

dated which was observed to be incomplete and did not list the diet order for the resident and did not list the address of the examiner completing the health assessment. Observation of the lunch food service on revealed the resident was served a pureed meal. Interview was conducted with the Director of Nursing on at 1:39 PM during which she stated the resident had an order for a pureed diet which was ordered on and provided a copy of the order. She acknowledged that the MD made an error in the initial health assessment and that she also failed to have the current health assessment updated upon significant change.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observations and interviews, it was determined that the facility failed to ensure that resident's rights were respected and the resident's treated with dignity for the residents in the dining

The findings include:

Observation of the lunch food service conducted on and revealed resident # 23 was seated at the table with her husband. The resident was observed served the soup for the meal and upon completion was noted to wait a long time for her entree. Observation also revealed the resident was noted to wait in excess of 10 minutes to receive her entree which had to be pureed. The resident was noted on at 12:00 PM to have her eyes focused on her husband's plate as he sat eating his hot dog.

An interview was conducted with the Director of Nursing on at 1:44 PM during which she confirmed the findings.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, record review and interviews, the facility failed to ensure assistance with self-administration was conducted following the required procedure, for 4 out of of 6 sampled residents (Residents #8, #7, #21, and #20).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966484	08/27/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bridge At Inverrary (the)	4291 Rock Island Road Lauderhill, FL 33319	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The findings include:

Observation of medication pass on [redacted] at beginning at approximately 10:58 A.M. with Staff #3. The following discrepancies were observed:

1) Resident #8's medications were given by Staff #3 mixed with applesauce in a soufflé' cup, then administered without saying anything about the medication (i.e. reason for use, name of medication or instructions for use) Staff #3 did not observe Resident #8 to see if the medications were swallowed.

2) Resident #7's medication, Nateglinide 120 milligrams administered orally three times a day, was given by Staff #3 at 11:30 A.M. The medication was crushed and mixed with applesauce in a soufflé' cup, then administered without saying anything about the medication as listed above. A record review indicated no physician's order on file to crush the medication.

Observation of medication pass began on [redacted] at 9:05 A.M. with Staff #6. The following discrepancies were observed:

1) Resident #21's medications were given by Staff #6 who did not observe resident to see if the medications were swallowed.

2) Resident #20's medications were given by Staff #6 at 10:07 A.M. Staff #6 crushed and mixed the medications with applesauce in a soufflé' cup, then administered without saying anything about the medication (i.e. reason for use, name of medication or instructions for use) until Resident #20 stated, "What is this you're giving me." The following medications were crushed: Thera-M tablet, [redacted] C 500 milligrams, and [redacted] 20 milligrams. Staff #6 assisted resident by lifting the spoon to her mouth and Resident #20 refused the medication stating, " I do not want this. I do not like how it tastes." Staff #6 discarded the soufflé cup in the garbage can attached to medication cart. Staff #3 brought a spoon with one pill mixed with applesauce to Resident #20's mouth when there was still a pill in her mouth. Staff #6 stated, "Oh you still have a pill you did not swallow." A record review indicated no physician's order on file to crush the medication.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966484	08/27/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bridge At Inverrary (the)	4291 Rock Island Road Lauderhill, FL 33319	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

In an interview conducted on at 9:40 A.M., Staff #7 stated that the facility needs to have an order from a physician or speech to crush medications.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on record review and interview, the facility failed to ensure that that 2 of 6 sampled employees (#4& #5) completed the training and such record is maintained in the employee file.

The Findings include:

a) During the review of Employee # 4's file on with a hire date of , there was no indication that he had completed the training.
b) During a review of Employee #5's file, it was revealed that the employee was hired on . There was no documentation that the employee had completed the training.

During an interview with the DON on at 2:56 P.M. she confirmed the findings

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and interview, the facility failed to ensure that 1 out of 7 employees (employee #5) had training completed within 30 days of hire.

The findings include:

During review of the resident's file there was no proof in the file that employee # 5 had completed the required training at the time of this review.

A follow-up interview with the DON on at 2:56 p.m. was conclusive that employee # 5 had not completed the training.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966484	**08/27/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bridge At Inverrary (the)	**4291 Rock Island Road Lauderhill, FL 33319**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Bridge At Inverrary (The)
4291 Rock Island Road
Lauderhill, FL 33319

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2013 by a representative from 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 (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State Form 5000-3547
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924