

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969313	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/30/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CREEKS ASSISTED LIVING AND MEMORY CARE

**13470 BOYETTE RD
RIVERVIEW, FL 33569**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A Revisit to 09/14/2020 Change of Ownership Survey and a Complaint Investigation (Complaint Number: 2020016926) were conducted at Creeks Assisted Living on 10/30/2020. Deficiencies were identified at the time of survey.	{A 000}		
{AE207} SS=D	59A-36.021(7) FAC ECC - Services (7) EXTENDED CONGREGATE CARE SERVICES. All services must be provided in the least restrictive environment, and in a manner that respects the resident's independence, privacy, and dignity. (a) A facility providing extended congregate care services may provide supportive services including social service needs, counseling, emotional support, networking, assistance with securing social and leisure services, shopping service, escort service, companionship, family support, information and referral, assistance in developing and implementing self-directed activities, and volunteer services. Family or friends must be encouraged to provide supportive services for residents. The facility must provide training for family or friends to enable them to provide supportive services in accordance with the resident's service plan. (b) A facility providing extended congregate care services must make available the following additional services if required by the resident's service plan: 1. Total help with bathing,, grooming and toileting, 2. Nursing assessments conducted more frequently than monthly, 3. Measurement and recording of basic vital functions and 4. Dietary management including provision of special diets, monitoring nutrition, and observing	{AE207}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER CREEKS ASSISTED LIVING AND MEMORY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 13470 BOYETTE RD RIVERVIEW, FL 33569		
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{AE207}	Continued From page 1 the resident's food and fluid intake and output, 5. Assistance with self-administered medications, or the administration of medications and treatments pursuant to a health care provider's order. If the individual needs assistance with self-administration the facility must inform the resident of the qualifications of staff who will be providing this assistance, and if unlicensed persons will be providing such assistance, obtain the resident's or the resident's surrogate, guardian, or attorney-in-fact's informed written consent to provide such assistance as required in section 429.256, F.S., 6. Supervision of residents with _____ and _____ 7. Health education and counseling and the implementation of health-promoting programs and preventive regimes, 8. Provision or arrangement for rehabilitative services; and, 9. Provision of escort services to health-related _____ (c) Nursing staff providing extended congregate care services may provide any nursing service permitted within the scope of their license consistent with the residency requirements of this rule and the facility's written policies and procedures, provided the nursing services are: 1. Authorized by a health care provider's order and pursuant to a plan of care, 2. Medically necessary and appropriate for treatment of the resident's condition, 3. In accordance with the prevailing standard of practice in the nursing community, 4. A service that can be safely, effectively, and efficiently provided in the facility, 5. Recorded in nursing progress notes; and, 6. In accordance with the resident's service plan. (d) At least monthly, or more frequently if required	{AE207}			

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{AE207}	Continued From page 2 by the resident's service plan, a nursing assessment of the resident must be conducted. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the Facility failed to provide care and services required for _____ medication administration for one Resident (#3) of one sampled resident that was admitted to the Facility's Extended Congregate Care (ECC) services for _____ management. Findings Included: During an observation of the medication pass with Staff B for Resident #3, conducted on _____ at 11:41am, Staff B administered approximately 60cc of water via the resident _____ Staff B did not check for residual or placement of the tube prior to administering Resident #3's prescribed medications, coffee, and water. Staff B touched the edge of the unsterile can of nutritional supplement to the edge of the syringe which was placed inside the open port. Staff B applied Resident #3's prescribed _____ 100000 unit/gram external powder underneath the resident's left _____ with gloves on and when finished started to clear off Resident #3's table and putting the resident's _____ glasses on her without removing her gloves or washing her _____. A record review for Resident #3, conducted on _____, revealed that Resident #3 had a prescribed amount of 120cc water due three times every day. Resident #3 was admitted to the Facility ECC services. A review of the Facility's Standards of Nursing Practice Policy and Procedures with no date	{AE207}			

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{AE207}	Continued From page 3 noted, on page 210, conducted on _____, the Policy and Procedures stated that for _____ and J-Tube _____, 8. Stated to check appropriate placement of _____ with each feeding. On another page of the documents #5 stated to check for placement with each feeding. During an interview with the Director of Nursing, conducted on _____ at 01:30pm, the director of Nursing stated that "I expect the nurses to check residual and placement before every use" and "I expect that the nurses give the prescribed amount of water". Class III	{AE207}		