Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964582	A. BUILDING: _____ B. WING _____	03/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WATERFORD AT CREEKSIDE	9015 UNIVERSITY PARKWAY PENSACOLA, FL 32514

(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 On , 2023, an unannounced complaint investigation (complaint numbers 2022018582, 2022017242, 2022018006, 2022011411, 2022011193, and 2022016702) was conducted at The Waterford at Creekside. At the time of the survey, deficient practice was identified.	A 000		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [illegible], the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing	A 054		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 054	Continued From page 1 physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review, policy review, and interview, the facility failed to ensure an medication was received timely from the pharmacy and given as prescribed by the physician for 1 of 1 resident (Resident #2). The findings include: A record review was conducted for Resident #2, which revealed that on , Resident #2 was transferred to the Emergency Department (ED) at the family's request for , in his right . The resident returned to the facility the same day with a diagnosis of a , ( ). The resident was discharged from the ED with an order for Omnicef (an) 300 milligrams to be given by twice a day for 7 days. The for Resident #2 was faxed to the facility's pharmacy the same day ( ) by the Assistant Director of Nursing. A review of the Medication Observation Record revealed the was not received or given to Resident #2 until . Further review revealed that the resident missed a dose on at 4:00 PM, and that the was last taken at 4:00 PM on , 6 days after receipt. The was not taken for the full 7 days as ordered. An interview was conducted on at approximately 11:30 AM, with Staff B, a Medication Technician. Staff B, reported, "There have been times that I have had to keep hitting the refill button because the medications never come. If we are missing medications for a resident, I report it to the nurse".	A 054		

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A 054	Continued From page 2 An interview was conducted on . . . . . at approximately 3:30 PM, with the Director of Nursing (DON). The DON reports the facility pharmacy is in Crestview, Florida. She stated if there is going to be a delay in medication delivery, there will be a STAT order placed to the local pharmacy until the medication is received from the facility pharmacy. This order was prior to her starting at the facility, so she could not comment as to why the medication was delayed. A review of the policy "Physician Order Policy - Types of Physician Orders" revealed that when a resident receives a time ordered treatment, it should be called or faxed to the pharmacy. The new order is to be written on the next available space on the Medication sheet. The medication order should include the name of the medication, strength, amount, route of administration, frequency, length of time it is to be given, the reason it is being given, directions, and the current date to show when the order was implemented. The times to be given are to be written in the appropriate boxes. The order should be placed in the Wellness Director's mailbox for follow-up. If the medication has not arrived from the pharmacy as scheduled, follow up should be made every shift by a phone call to the pharmacy to find out the status of the medication. Class III	A 054		

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