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 _____	11/18/2025

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

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A 000	Initial Comments An unannounced complaint survey was conducted at the The Waterford at Creekside, an Assisted Living Facility in Pensacola, Florida, on through to review complaint #2025016523. At the time of the survey, deficient practice was identified.	A 000		
A 036 SS=D	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of . (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or , . hygiene may include the use of -based rubs, , handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an , exposure to transmissible agents in , , , , , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, , protection, or a shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observations, interviews and policy	A 036		

AHCA Form 3020-0001

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

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A 036	Continued From page 1 reviews, the facility failed to practice control standards in the food service program, including ensuring that food is handled and served using sanitary methods for 1 of 3 dining periods observed. In addition, the facility failed to ensure staff perform hygiene during medication pass for 2 out 2 patients observed. (Resident #1 and #2) The findings include: Dining Room: On at approximately 11:39 AM, a lunch service was observed in the dining room of Cottage 4 with 9 residents in the dining room. Staff E (Memory Care Aide) washed her and put on gloves. She began serving food from multiple containers at the kitchen counter. Staff E used available utensils but then realized she did not have a dedicated utensil for each container. She walked to the sink, turned on the faucet with her gloved , rinsed the serving utensils, turned off the faucet, and then continued serving food without changing her gloves or performing hygiene. During service, she handled the chicken with the same gloved , placing it directly onto the plate. She scooped rice with a spoon but used her to assist in shaping it on the plate. She then reached over the clean dish cart and took a clean plate while still wearing the same contaminated gloves. She cut a piece of chicken on the plate using a butter knife in one while holding the chicken with her other ; no fork was used to stabilize the food. The piece of chicken off the plate onto the kitchen counter, and she proceeded to pick it onto the plate. At no point did Staff E wash her or change her gloves.	A 036		

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A 036	Continued From page 2 On at approximately 12:00 PM, an interview was conducted with Staff E. She acknowledged that she served food while wearing the same gloves she had used previously, walked to the sink and turned the water on and off, and then returned to serve food without changing her gloves or performing hygiene. She also recalled reaching over a clean plate with gloves that had already been contaminated with food, serving and cutting chicken using her gloved . Staff E recognized that these actions were unsanitary; she stated that she should have washed her and changed her gloves. On at approximately 2:58 PM, an interview was conducted with the Nurse Supervisor about the lunch service in Cottage 4. She acknowledged the Memory Care Aide, Staff E, exhibited unsanitary practices while serving the food. She understands that these actions breach control standards, expose residents to cross-contamination and potential foodborne illness, and do not meet the facility's expectations. She added that the Wellness Director will have to take care of this matter. On at approximately 3:31 PM, an interview was conducted with the Wellness Director. She was made aware of the lunch service observation in Cottage 4 with Staff E. She stated that it is unsanitary, represented a significant control risk, and created potential for cross-contamination. A policy titled: "Food Handling" last revised , states, "It is the team's responsibility to ensure resident and associate safety. Practice proper hygiene always. Wash frequently and between tasks or anytime you have touched your body or coming from	A 036		

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A 036	Continued From page 3	A 036		

break. Prevent cross-contamination. The Director of Dining (DSD) should understand and closely monitor associates to make sure they are following safe food handling practices and procedures."

Medication Administration:

On at approximately 7:56 AM, an observation of medication administration was conducted with Staff C, Memory Care Qualified Medication Aide, for Resident #1 and #2. Staff C did not perform hygiene prior to pulling medications. Of the 15 medications removed from bubble packs or pill bottles for Resident #1, five were handled directly with bare , poured into her palm, and transferred into a medication cup at the medication cart in the medication room. One pill dropped into the medication cart drawer; Staff C searched for it with her bare , retrieved it, and placed it into the medication cup. When informed at this time of control standards regarding the medication retrieved from a dirty surface, she removed the pill from the medication cup with her bare , touching all other medications in the cup, replaced only the dropped pill, and kept the remaining medications in the cup.

Upon entering Resident #1's room, Staff C again did not perform hygiene. She donned gloves and administrated medications directly into the resident's with her gloved . After completing the medication pass, she changed gloves without performing hygiene and applied to the resident's with her gloves. She then removed her gloves and exited Resident #1's room without performing hygiene.

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A 036	Continued From page 4 Upon returning to the medication cart, Staff C immediately began preparing medications for Resident #2 without hygiene, pulling medications with her bare into the medication cup at the medication cart in the medication room. She entered Resident #2 room with the poured medications, without performing hygiene. After completion of the medication administration, Staff C exited the room without performing hygiene. On at approximately 8:28 AM, an interview was conducted with Staff C after the medication pass observation. She acknowledged that she failed to perform hygiene before and after patient care. She also admitted to handling medication with her bare , retrieving a pill from the unsanitized medication cart, and feeding medications to Resident #1. She understood the principles of control, including the risks of contamination and the potential spread of . She stated that she "knows better", has received training in medication administration and control, and recognized her mistake, taking full responsibility by saying, "This is totally on me". On at approximately 8:45 AM, an interview was conducted with the Executive Director. She was made aware of control concerns identified during the survey, including issues related to the control breach during the medication pass and lack of hygiene. She stated that it is her expectation, and the expectation of the facility, that staff comply with hygiene protocols before and after providing personal services to residents. She added that standard precautions must be followed whenever there is a potential for exposure to material, consistent with	A 036		

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A 036	Continued From page 5 the facility's standards of care. She added that the facility complies with Guardian Pharmacy Medication Practices for Qualified Medication Aide training. On at approximately 9:30 AM, an interview was conducted with the Wellness Director. She was made aware of the control concerns with medication pass observation and hygiene with Staff C. She stated that this deficient practice places the residents at risk for transmission of , , . She further indicated that this is not the standards of practice expected by the facility. A policy titled: " Control Plan", last updated was reviewed. The policy states, "Standards Precautions are designed to reduce the risk of transmissions of , , from both recognized and unrecognized sources of . Standards precautions are to be followed during all resident care/contact. It includes the appropriate method for hygiene. hygiene is a critical step in control. Staff are to follow proper hygiene procedures and can be completed through proper handwashing and/or use of -based sanitizer. hygiene will be used to aid in the prevention and spread/transmission of . Staff must perform hygiene: a.Immediately before and after resident care d.Before and after handling, preparing or eating food f.After contact with , , , or contaminated surfaces. h.When are visibly soiled. The use of gloves does not replace handwashing or the use of -based sanitizer."	A 036		

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A 036	Continued From page 6 Class III	A 036		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C.	A 055		

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A 055	Continued From page 7 (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f).	A 055		

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A 055	Continued From page 8 (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observations, interviews and records review, the facility failed to ensure that 2 out of 7 medication carts observed were locked and supervised, creating a potential safety risk for unauthorized access to medications. The findings include: On at approximately 8:45 AM, an observation was made in Cottage 3 that houses 8 memory care residents. The medication room was found wide open. The medication cart inside the room was also unlocked and unattended. Four memory care residents were observed sitting in wheelchairs and a couch adjacent to the open medication room. On at approximately 7:56 PM, upon entering the Assisted Living Cottage to perform an observation of medication administration. From 7:56 AM to 8:03 AM, the medication room was being kept open with a ; the medication cart inside the room was unlocked and unsupervised during this time. Staff C, a Medication Tech, arrived at 8:03 AM.	A 055		

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A 055	Continued From page 9 On at approximately 8:45 AM, an interview was conducted with The Wellness Director about the witnessed unlocked and unattended medication cart. She acknowledged that the medication cart and the medication room should never be unattended and unlocked. Class III	A 055		