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
	AL11966273	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR CREEK LIFE CENTER	4279 JUDITH AVE MERRITT ISLAND, FL 32953

(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 [redacted] and [redacted] conducted complaint inspection CCR#2012003087 at Cedar Creek Life Center Assisted Living Facility (ALF) in conjunction with CCR#2012005319 and CCR#2012006044. 3 of the 4 allegations were substantiated. The ALF had deficiencies found at the time of the visit pertaining to the complaint.	A 000		
A 007	58A-5.0181(1) FAC Admissions - Criteria Admission Procedures, Appropriateness of Placement and Continued Residency Criteria. (1) ADMISSION CRITERIA. An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing or limited mental health license: (a) Be at least (b) Be free from signs and symptoms of any communicable [redacted] which is likely to be transmitted to other residents or staff; however, a person who has [redacted] may be admitted to a facility, provided that he would otherwise be eligible for admission according to this rule. (c) Be able to perform the activities of daily living, with supervision or assistance if necessary. (d) Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted. (e) Be capable of taking his/her own medication with assistance from staff if necessary. 1. If the individual needs assistance with self-administration the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance, and if unlicensed staff will be providing such assistance, obtain the resident ' s or the resident ' s surrogate, guardian, or attorney-in-fact ' s	A 007		

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A 007	Continued From page 1 written informed consent to provide such assistance as required under Section 429.256, F.S. 2. The facility may accept a resident who requires the administration of medication, if the facility has a nurse to provide this service, or the resident or the resident ' s legal representative, designee, surrogate, guardian, or attorney-in-fact contracts with a licensed third party to provide this service to the resident. (f) Any special dietary needs can be met by the facility. (g) Not be a danger to self or others as determined by a physician, or mental health practitioner licensed under Chapters 490 or 491, F.S. (h) Not require licensed professional mental health treatment on a 24-hour a day basis. (i) Not be bedridden. (j) Not have any or 4 pressure sores. A resident requiring care of a pressure may be admitted provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a physician, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident ' s record; and 3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed nurse or physician, the resident shall be discharged from the facility. (k) Not require any of the following nursing services: 1. Oral, or suctioning; 2. Assistance with tube feeding; 3. Monitoring of gases; 4. Intermittent positive pressure breathing	A 007		

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A 007	Continued From page 2 or 5. Treatment of surgical or wounds, unless the surgical or and the condition which caused it have been stabilized and a plan of care developed. (l) Not require 24-hour nursing supervision. (m) Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C. (n) Have been determined by the facility administrator to be appropriate for admission to the facility. The administrator shall base the decision on: 1. An assessment of the strengths, needs, and preferences of the individual, and the medical examination report required by Section 429.26, F.S., and subsection (2) of this rule; 2. The facility ' s admission policy, and the services the facility is prepared to provide or arrange for to meet resident needs; and 3. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established under Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C. (o) Resident admission criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to take into consideration the accuracy of information on the Health Assessment Form (1823) that the resident required a 24 hour nursing or facility and retained a resident who could not ambulate which was in excess of the level of care the facility was licensed to provide for 3 of 19 sampled residents (#3, #5 and #14).	A 007		

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A 007	Continued From page 3 Findings: 1. Record review for resident #3 revealed the Assisted Living Facility Health Assessment Form (1823) dated ____ that included diagnosis of ____ Accident, ____ Further review revealed she required assistance with her Activities of Daily Livings. The form noted that the resident required a 24 hour nursing or ____ facility which the facility was not. The Director of Nursing stated that she was not aware the 1823 had the above information on it and the resident did not require a 24 hour nursing or ____ care. 2. Observations during the facility tour noted resident #5 appeared to need a higher level of care. She sat in a wheelchair and her left side was paralyzed. Observations on ____ at approximately 1 PM noted the resident was transferred from wheelchair to toilet and did not pivot. She was observed transferring from wheelchair to recliner with the assistance of 2 staff to transfer. The resident's left leg was contracted. She was unable to bear weight on the left leg. The staff stated she was unable to pivot /ambulate. The resident stated she had pressure ____ at one time, now healed. She stated she was unable to walk or pivot. Health assessment dated ____ indicated diagnoses of acute left sided ____, right ____. According to the assessment she needed assistance with ambulation, dressing, bathing, toileting and transfers; supervision was needed with eating and ____. She needed a mechanical diet.	A 007		

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A 007	Continued From page 4 3. Resident Record Review for resident #14 revealed an Assisted Living Facility Health Assessment Form (1823) dated [redacted] with diagnosis of [redacted] Filiation , [redacted] History of [redacted] Obstruction, [redacted] gait abnormality and [redacted]. Further review of the Health Assessment Form (1823) for resident #14 revealed on the Facility Health Assessment (1823) section 1-C, question 2 (Bedridden) is blank. Question 5 Indicates the resident requires 24- hour Nursing Care. Class III	A 007		
A 008	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or [redacted] services required by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and	A 008		

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A 008	Continued From page 5 whether the individual will require any assistance with the administration of medication; 6. Whether the individual has signs or symptoms of a communicable _____ which is likely to be transmitted to other residents or staff; 7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and 8. The date of the examination, and the name, signature, address, phone number, and license number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state. (b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, _____ 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows: 1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment. a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion. b. The facility may obtain the omitted information	A 008		

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A 008	Continued From page 6 either verbally or in writing from the licensed health care provider. c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided. 2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the elements in Section 3. This requirement does not apply for residents receiving: a. Extended congregate care (ECC) services in facilities holding an ECC license; b. Services under community living support plans in facilities holding limited mental health licenses; c. Medicaid assistive care services; and d. Medicaid waiver services. (c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823. (d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule. (f) Any orders for medications, nursing, therapeutic diets, or other services to be provided	A 008		

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A 008	Continued From page 7 or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a ... order for residents who do not wish ... to be administered in the case of ... or ... (g) A resident placed on a temporary emergency basis by the Department of Children and Family Services pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain a accurate and completed medical examination report (1823) for 6 of 19 sampled residents (#3,#6, #13, #14, #15 and #17) that addressed all criteria necessary to determine admission to the Assisted Living Facility. Findings: 1. Record review for resident #3 revealed the Assisted Living Facility Health Assessment Form (1823) dated ... that included diagnosis of ... Accident, ...	A 008		

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A 008	Continued From page 8	A 008		

. The 1823 did not note the type of assistance the resident required with ambulation. Further review of the form revealed that the resident was to have her medication adminstered and the Medical Examiner's printed name, medical license number, address of examiner and telephone was also omitted form the form.

Observations of resident #3 revealed that he was capable of receiving supervision with the self administration of their medications.

2. Record review for resident #15 revealed the Assisted Living Facility Health Assessment Form (1823) dated that included diagnosis of hyperlipemia, Fibriliation and . The 1823 did not note the type of assistance the resident required with eating. Further review of the form revealed that the resident was to have her medications administered. Medical Examiner's printed name, medical license number, address of examiner and telephone was also omitted form the form.

The Director of Nursing confirmed the above findings.

3. Resident record review revealed resident #17 had an Assisted Living Facility health assessment form (1823) dated with diagnoses of status post hip and stated the resident needed 24 hour nursing/p care.

Interview with the Director of Nursing on at approximately 2 PM who stated she was not aware the 1823 was not accurate.

4. Resident Record Review for resident #14

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A 008	Continued From page 9 revealed an Assisted Living Facility Health Assessment form (1823) dated [redacted] with diagnosis of [redacted] Filiation , [redacted] History of [redacted] Obstruction, [redacted] Gait Abnormality and [redacted] Resident record review for resident #14 revealed that information was omitted from Facility Health Assessment (1823); Section 2-B physician neglected to indicate if the resident needs assist with self -administration of medication or needs medication administration. Section 1-C question 2 (Bedridden) is blank .The physician did not list his address and phone number on the signature section page 4. 5. Resident Record Review for resident #13 on [redacted] revealed an Assisted Living Facility Health Assessment form (1823) dated [redacted] with a diagnosis of [redacted] Stint Replacement and [redacted] Resident Record review for resident #13 on [redacted] revealed that information was omitted from Facility Health Assessment (1823) section 2-B physician did not indicate if the resident needs assist with self-administration of medication or needs medication administration. 6. Resident record for resident #6 at approximately 2 PM revealed a health assessment report from 1823 dated [redacted] that did not list his diagnoses.	A 008		

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A 008	Continued From page 10 Class III	A 008		
A 025	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on Record review, observations and interviews the facility failed to maintain	A 025		

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A 025	Continued From page 11 documentation of significant changes for a severe unplanned weight loss and that it was reported to the health care provider and family members for 2 of 19 sampled residents (#4 and #10) and did not provide the care and services by not having a toileting schedule to meet the needs for 1 of 19 sampled residents (#10) who [redacted] in public places and in his [redacted] the floor. Findings: 1. Record review for resident #10 revealed a resident health assessment form 1823 dated [redacted] that noted the resident required assistance with his Activities of Daily Living. A history and physical dated [redacted] noted the resident had diagnosis of [redacted] chronic deficiency [redacted] and [redacted]. Review of his weight record revealed his weight was documented on [redacted] as 161 pounds and on [redacted] 150 pounds this represents a 6.83% weight loss in 1 month which was a severe weight lost. The resident was weighed the day of the survey and was 152 pounds. Further record review revealed that there was no documentation that the facility was aware of the residents weight loss, had contacted the health care provider to discuss the residents severe weight loss in order to determine what measures were to be put in place to prevent further weight loss. There was no documentation that the resident's family was made aware of the weight loss. 2. Review of a "Physician's Response Requested" form that was dated [redacted] revealed the following: "We have been trying to reach you, left several messages, no returned phone calls. We want to make you aware concerning [redacted] {sic}.	A 025		

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A 025	Continued From page 12 He is at in {sic} public on the walls in dining porch. Do you suggest a cath or another option would prevent this from happening ? This has {sic} becoming a problem and is increasing." A facility incident report dated at 0445 noted: "Called to resident's Resident lying on left side beside bed with mattress over top of him and bowel Movement (BM) all over him and floor. Stated he was trying to get up to go to the he off the mattress". Further record review revealed that there was no documentation that the facility had followed through and spoke with the health care provider regarding the resident incontinence nor was there any type of toileting program or schedule in place. The only suggestion noted was to have a for the resident who did not have any medical reason to have a and he was ambulatory. The Marketing Director stated at approximately 4:30 PM that the resident's brother felt that resident in public places because that what was done in the military and also the resident's father also did the same thing. She was asked at the time if a evaluation was conducted on the resident and she stated that the resident's brother would not want that. 3. Resident record review for #4 revealed an Assisted Living Facility health assessment form (1823) dated with diagnoses of and . The resident needed assistance with all ADLs. Review of resident weights revealed in 2012 weight 172 pounds, 2012 162,	A 025		

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A 025	Continued From page 13 2012, 153 and 2012 148. There was no documentation to indicate the physician had been notified of the weight loss. Interview with the Director of Nursing on [redacted] at approximately 2 PM who was not aware if the physician had been notified. Class III	A 025		
A 030	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456.	A 030		

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	AL11966273	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR CREEK LIFE CENTER	4279 JUDITH AVE MERRITT ISLAND, FL 32953

(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 030	Continued From page 14 (d) The statewide toll-free telephone number of the Florida Hotline " 1(800)96 or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents. (e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements. (f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law. (g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside. (h) Pursuant to Section 429.41, F.S., the use of physical shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order	A 030		

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A 030	Continued From page 15	A 030		

biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s

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A 030	Continued From page 16	A 030		

representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a [redacted] his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally [redacted] the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without [redacted] interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the

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A 030	Continued From page 17 residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure residents were provided a decent living environment free from odors and residents due recognition of personal dignity, individuality and the need for privacy. Findings: 1. Observations during the facility tour at approximately 10 AM noted a sign on the door of that indicated "Memo Attention Mrs. {name} requires 2 person transfer at all times. Thank you Cedar Creek Life Center." Observations on and at approximately 10 AM noted that had strong smell of and the carpet was dirty. The smell of was pungent and could be smelled as soon as anyone entered the 2. Observations on and revealed the resident #10 had a strong smell as soon as the door opened. Further observation revealed that the resident's carpet was dirty throughout the the carpet in the resident's worn out and the rubber backing of the carpet was visible. 3. Further observation on revealed had a hole in the ceiling with electrical wires that were exposed.	A 030		

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A 030	Continued From page 18 Class III	A 030		
A 055	58A-5.0185(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; or in their [redacted] or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the [redacted] or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall 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 prior to admission as required under Rule 58A-5.0181, F.A.C. (b) Centrally stored medications must be:	A 055		

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A 055	Continued From page 19 1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and 4. Kept separately from the medications of other residents and properly closed or sealed. (c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider. (d) When a resident ' s stay in the facility has ended, the administrator shall 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 shall be considered abandoned and may disposed of in accordance with paragraph (e).	A 055		

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A 055	Continued From page 20 (e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall 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. (f) 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 and interview the facility failed to ensure that medications centrally stored or kept in resident's secure at all times. Findings: Observations during the medication pass at approximately 10 AM in noted the resident had an inhaler, a inhaler and eye drops in his The resident lived with his spouse. He stated he never locked the door to their just about all staff had keys, besides he had no concerns with missing items. Resident #2 had a health assessment dated that indicated diagnoses of and She was under the care of hospice. A doctor's order dated at 11:30 AM indicated d/c start one tab and every 6 hours PRN (as needed/as necessary). Dispense 120. The 2012Medication observation Record (MOR) listed one tab and was marked as given on 3 times on 6/7, 6/1, twice on 6/8 and once on . A total of 9 pills were used. An order dated at 12 PM indicated	A 055		

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A 055	Continued From page 21 20 mg/ml give 0.25 cc every 1 hour for severe pain or A doctor's order dated at 1 PM indicated 20 mg/ml give 0.25 cc every 6 hours, 0.5 mg tabs crushed every 6 hours ATC and every 2 hours as needed for pain. start crisis care. The disposition of meds record dated indicated that Roxanol 30 mg and 10 were returned to hospice. A disposition of medications dated indicated 28 pills, 30 pills, 15 pills, and Roxanol 45 pills, 24 pills and 21 tabs were returned. Continued review revealed no written evidence to confirm the disposition of the The nursing supervisor stated she was unable to locate any further documentation that wasn't already provided. She added that discontinued medications were returned to the pharmacy or resident/family. During medication review and count on the second day of the survey at approximately 2 PM, two (2) staff stated that they forgot to sign the sheets although they had given the residents the medications today. Class III	A 055		
A 078	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable including Freedom from must be documented on an annual basis. A person with a positive test must submit a health care provider ' s statement that the person does not constitute a risk of	A 078		

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A 078	Continued From page 22 communicating ..... Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable ..... he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C. (d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility shall: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and 2. Maintain time sheets for all staff. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility	A 078		

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A 078	Continued From page 23 failed to ensure all staff was assigned duties consistent with their level of education, training and preparation and experience and allowed unlicensed staff to administer medications including medications with parameters to 2 of 19 sampled residents (#11& #15). Findings: Record review for resident #15 revealed the Assisted Living Facility Health Assessment Form (1823) dated that included diagnosis of hyperlipemia, and Further review of the 1823 revealed that the resident was to have her medications administered. Review of the Physicians Order Sheet signed and dated by the health care provider noted-Check and Pulse daily. take one every day, Hold for less than 110 HR less than 50. Call MD , Isosorb one daily hold for less than 110 notify doctor and 10 mg hold for less than 110.- Review of the 2012 Medication Observation Record revealed the resident received the above medications for the entire month of by unlicensed staff (non nurses). Interview with the unlicensed staff who assisted with the self-administration of medication on at approximately 2 PM revealed that she did take the resident's before giving her the medications and would give the medication to the resident if the were more than 110. The unlicensed staff was making a judgment when determining if the medication should be held or given, although the	A 078		

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A 078	Continued From page 24 health care provided noted on the 1823 that the resident required to have her medications administered which would have to be given by a nurse. The unlicensed staff stated she was not aware that she could not take the and make a decision to give or hold the medications as the health care provider ordered. Record review for Resident #11 revealed the Assisted Living Facility health assessment form (1823) dated stated the resident needed administration of medications. Review of the 2012 Medication Observation Record revealed the following medications is given by the unlicensed staff: Tears instill 1 drop in both eyes four times a day at 9 AM, 12 PM, 3 PM and 6 PM. The medication was charted as given four times a day on and and on at 9 AM and 12 PM. (bronchodilator) 0.63 milligrams/3 inhale 1 vial via twice a day at 9 AM and 4 PM. The medication was charted as given on and (for Pain) 5-500 mg three times a day at 8 AM, 12 PM and 8 PM. The medication was charted as given on and Interview with the Director of Nursing on at approximately 3 PM who was not aware the resident needed administration of medications. Class III	A 078		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Cedar Creek Life Center
4279 Judith Ave
Merritt Island, FL 32953

Dear Administrator:

Re: CCR #2012003087

This letter reports the findings of a state licensure survey that was conducted on , 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) 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 days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , **2012,** 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 surveyor(s). Should you have any questions please call Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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2727 Mahan Drive
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