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
	AL11910470	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARPENTER'S CREEK COMMUNITY	**5918 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503**

(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 000		

An unannounced Limited Nursing Services monitoring survey was conducted on [redacted] Carpenter's Creek Assisted Living Facility had deficiencies found at the time of the visit.

AN278 SS=D	58A-5.031(3) FAC LNS - Records	AN278	

(3) RECORDS.
(a) A record of all residents receiving limited nursing services under this license and the type of service provided, shall be maintained.
(b) Nursing progress notes shall be maintained for each resident who receives limited nursing services.
(c) A nursing assessment conducted at least monthly shall be maintained on each resident who receives a limited nursing service.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to establish and maintain a record of all residents receiving limited nursing services, to include nursing progress notes and a monthly nursing assessment for 1 of 3 residents in the sample (resident #3).

The findings are:

On [redacted], between 9:20 and 10:00 a.m., while in the nurses office during tour of the facility, the Director of Health Services was requested to provide the Medication Observation Records (MOR) for the residents in the sample for Limited Nursing Services (LNS). The nurse handed to the surveyor a group of MOR sheets containing the 2 sampled resident MOR sheets, and it was

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
	AL11910470	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARPENTER'S CREEK COMMUNITY	**5918 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503**

(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
AN278	Continued From page 1	AN278		

observed there was a resident who had a MOR indicating the facility had been providing the resident in/out catherization twice daily for the entire month of 2013. The resident was identified as resident #3. Physician orders for resident #3 were found to be dated and read "I&O (in and out) (twice a day) a.m. and p.m." There was also a physician order for I/O supplies which was dated that read "Sterile kits 1 , #60 (sixty) 788.201 and 595.2 ".

The Director of Health Services was interviewed at approximately 10:44 a.m. the same day, and stated: The resident has been in the past. The resident is still , and still voids (urinates) daily. The problem, as the urologist explained to the facility, is that the is not fully emptying when voiding. The urologist hopes that by performing an I&O cath twice a day, the result may be to stimulate the to more fully empty during voiding. She also stated the intention of the urologist is to try this for up to one year, and if there is no success, the resident will most likely need to have an

A review of the LNS resident log, nursing progress notes, and monthly LNS nursing assessments reveal there were no LNS records for sample resident #3.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Carpenter's Creek Community
5918 North Davis Highway
Pensacola, FL 32503

Dear Administrator:

This letter reports the findings of a state licensure limit nursing services survey that was conducted on 29, 2013 by a representative 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 , 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 surveyor. Should you have any questions please call me at (850) 412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure
XG90

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

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone 850-412-4540; Fax (850) 922-9162