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 _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE SENIOR VILLAGE	**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 An ECC monitoring visit was conducted on _____ at Creekside Assisted Living Facility. The facility had deficient practice at the time of survey. ECC monitoring	A 000		
AE207 SS=D	58A-5.030(8) FAC ECC - Services (8) EXTENDED CONGREGATE CARE SERVICES. All services shall be provided in the least restrictive environment, and in a manner which respects the resident ' s independence, privacy, and dignity. (a) An extended congregate care program 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 shall be encouraged to provide supportive services for residents. The facility shall provide training for family or friends to enable them to provide supportive services in accordance with the resident ' s service plan. (b) An extended congregate care program shall make available the following additional services if required by the resident ' s service plan: 1. Total help with bathing, dressing, and toileting; 2. Nursing assessments conducted more frequently than monthly; 3. Measurement and recording of basic vital functions and weight; 4. Dietary management including provision of special diets, monitoring nutrition, and observing the resident ' s food and fluid intake and output;	AE207		

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AE207	Continued From page 1	AE207		

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 staff will be providing such assistance, obtain the resident ' s or the resident ' s surrogate, guardian, or attorney-in-fact ' s informed consent to provide such assistance as required under Section 429.256, F.S.;
6. Supervision of residents with [illegible] 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 appointments.
(c) Licensed nursing staff in an extended congregate care program 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, and 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

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AE207	Continued From page 2	AE207		

by the resident ' s service plan, a nursing assessment of the resident shall be conducted.

This Statute or Rule is not met as evidenced by:
Based on observation, staff interview and record review the facility failed to accurately assess and monitor pressure sores and to include them in residents service plan for appropriate care and services to meet the residents needs for 1 (#2) of 2 sampled extended congregate care (ECC) residents.

The findings are:
Observation of care for resident #2 on at 1:30 pm found 2 aides transferring resident from wheelchair to bed. The resident was wet and care was provided. The resident had 2 small openings on Aides applied ordered ointment to the opening.
Interview with aide #2 at same time during care stated these areas were here last week and Monday of this week and are a little bigger.
Interview with aide #3 stated she saw the areas earlier this week and the areas were open and they look larger.
Interview with licensed practical nurse (LPN) on at 1:15 pm stated the resident had a to his but it is healed and has been for some time.
Record review found the resident had a to the on with an order for ointment (a skin protectant) to area 2 times a day and as needed. An air mattress was ordered and was in use.
The nurses notes indicated occasional documentation of without measurements.

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AE207	Continued From page 3 On [redacted] the area is almost closed. Note dated [redacted] indicates small open areas to [redacted]. From [redacted] until [redacted] the notes did not reflect any documentation of any [redacted] or that the [redacted] has been healed. Review of the medication observation record where the ointment is documented did not reflect the [redacted] was healed and nurses are still signing that the cream is being applied. Nurses are stil; signing that the cream as been applied 2 x a day and during incontinence brief changes. Interview with the director of nursing on [redacted] at 3:30 pm indicated the aides apply the cream and they are to tell the nurse about wounds. She stated it is her responsibility to monitor the wounds in the building. She stated their policy is for wounds to be monitored including measurements and this should have been added to the residents service plan for nursing to monitor. class III	AE207		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Creekside Senior Village
9015 University Parkway
Pensacola, FL 32514

Dear Administrator:

Re: ECC MONITORING

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

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
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