

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/30/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964582	(X3) DATE SURVEY COMPLETED 12/27/2013
NAME OF PROVIDER OR SUPPLIER Creekside Senior Village	STREET ADDRESS, CITY, STATE, ZIP CODE 9015 University Parkway Pensacola, FL 32514	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

A desk review revisit survey was completed on December 27, 2013 for Creekside Senior Village. Based on interview with the Director of Nursing and acceptable supporting documentation, deficiencies were corrected.

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11964582

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
12/27/2013

Name of Facility

Street Address, City, State, Zip Code

CREEKSIDE SENIOR VILLAGE

9015 UNIVERSITY PARKWAY
PENSACOLA, FL 32514

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix AE205	12/27/2013	ID Prefix		ID Prefix	
Reg. # 58A-5.030(6) FAC		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By

Reviewed By

Date:

Signature of Supervisor:

Date:

State Agency

Reviewed By

Date:

Signature of Supervisor:

Date:

Reviewed By

Reviewed By

Date:

Signature of Supervisor:

Date:

CMS RO

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO

11/12/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 30, 2013

Administrator
Creekside Senior Village
9015 University Parkway
Pensacola, FL 32514

Dear Administrator:

This letter reports the findings of a state licensure desk review revisit conducted on December 27, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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. Should you have any questions please call me at 850-412-4540.

Sincerely,

Gr

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

DH/kb
Enclosure

DT9D

