STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910470	01/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Carpenter's Creek Community	5918 North Davis Highway Pensacola, FL 32503	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0075 - 429.255 Fs - Use Of Personnel; Emergency Care S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced relicensure survey was conducted at Carpenters's Creek Assisted Living Facility in Pensacola, Florida on 27 - 28, 2014. The facility had deficiencies at the time of the survey.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on staff interviews with the Director of Nursing (DON) and the Administrator, and review of the Form 1823, Health Assessment the facility failed to ensure 2 of 3 sampled residents (#6, #8) had a face to face medical examination by a licensed health care provider at least every 3 years.

The findings:

1. A review of the medical file for resident #6 revealed the most recent 1823 health assessment was completed on .

A staff interview with the DON on at approximately 3:15 pm revealed the facility had not completed a new 1823 health assessment since the initial health assessment completed on for resident # 6. She stated she thought they were done only for changes in condition.

A staff interview with the administrator on at approximately 3:25 pm confirmed the facility had not completed a new 1823 health assessment for resident # 6.

2. On at approximately 8:30 am a review of the Form 1823 health assessment for Resident #8 revealed the most recent physician examination was At this time, interview with the Administrator revealed the physician signed Section 3 of the form updating the resident's list of services to be provided on ; however, the Administrator confirmed at this time that this form was expired and should have been updated.

Class III

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	AL11910470	01/28/2014
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Carpenter's Creek Community	**5918 North Davis Highway Pensacola, FL 32503**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0075-Use of Personnel; Emergency Care 429.255 FS

Based on observation of the Automated External and pads, and staff interview with the Administrator and the Director of Nursing (DON) the facility failed to provide a functioning for the facility.

The findings include:

An observation of the and the pads on at approximately 11:30 am revealed the pads in the were dated expire and the back-up pads in the box were dated expire .

An interview with the DON on at approximately 11:30 am revealed the Don confirmed the pads were out of date on , and the backup pads were out of date on .

An interview with the administrator on at approximately 11:45 am revealed pads were ordered online, providing a copy of the purchase order #435904047 for 4 pads.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2014 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) 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 . 2014 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Patricia McEntire, RN

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

DH/pm
Enclosure
XG90

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