

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/03/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910470	(X3) DATE SURVEY COMPLETED 01/28/2014
NAME OF PROVIDER OR SUPPLIER Carpenter's Creek Community	STREET ADDRESS, CITY, STATE, ZIP CODE 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 1/27 - 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 1/27/2014.

A staff interview with the DON on 1/28/2014 at approximately 3:15 pm revealed the facility had not completed a new 1823 health assessment since the initial health assessment completed on 1/27/2014 for resident # 6. She stated she thought they were done only for changes in condition.

A staff interview with the administrator on 1/28/2014 at approximately 3:25 pm confirmed the facility had not completed a new 1823 health assessment for resident # 6.

2. On 1/28/2014 at approximately 8:30 am a review of the Form 1823 health assessment for Resident #8 revealed the most recent physician examination was 1/27/2014. 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 1/27/2014; however, the Administrator confirmed at this time that this form was expired and should have been updated.

Class III

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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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

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

Dear Administrator:

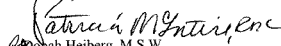
This letter reports the findings of a state licensure survey that was conducted on 2014 by representatives of this office.

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 McIntire, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

