STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964582	02/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Creekside Senior Village	9015 University Parkway Pensacola, FL 32514	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

0000-Initial Comments
A biennial licensure survey and Extended Congregate Care monitor visit was conducted . The facility, Creekside Assisted Living Facility had deficient practice at the time of survey.

0053-Medication - Administration 58A-5.0185(4) FAC
Based on record review and interview the facility failed to provide medication administration by a staff member, who is licensed to administer medications and failed to follow the health assessment orders for 2 of 3 sampled residents for record review. (#10, 17)

The findings are:

1. Review of resident #10 record indicates he was admitted with a diagnosis of . The health assessment dated indicates he needs med administration.

Review of medication observation record (MOR) indicated med techs assisting with self administration of medications .

Interview with resident # 10 wife on at 1:14 PM stated she is concerned about the recent change from nurses administering medications to med techs assisting with self administration of medications. She stated he is and does not know anything about his medications so how can the med techs assistance him? She said since the change a med tech has been administering his medications. She indicated the facility informed her of the change and wanted her to sign a form indicating unlicensed staff will be assisting with self administration of medications. She said she refused to sign the form.

Interview with the Program Director on at 1:14 PM confirmed the changes and that some family members that did not like the change and threatened to call the state. She confirmed resident #10 needs med administration and that med techs have been assisting him with his medication.

2. Review of resident #17 record indicates she was admitted with diagnosis of Hospice care and . The health assessment dated indicates she needs licensed staff to administer her medications and also indicates she needs assistance with self administration of medications. The health assessment form indicates to assess which method of medication assistance or administration of medication they need not both. Review of the medication observation record (MOR) indicates med technicians (MT) on the 11-7 shift giving the resident medication (Roxanol) at midnight and 4:00 am on which is scheduled as routine.

Interview with licensed practical nurse who cares for the resident on at approximately 9:00 am indicated

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nurses give med's to the resident that live in cottage 3 where resident #17 lives.

Interview with Program Director at 10:25 am stated we had nurses giving all med's and just changed that ... Now we have nurses giving med's to residents that are ... and MT giving to those that can give own med's. We have asked Hospice to make adjustments with her med's due to not having a nurse on night shift. She confirmed the MT had been giving the Roxanol at 12:00 midnight and 4:00 am for ... and that the health assessment was wrong. She said it should read nurses to give the medication.

Class III

0083-Training - First Aid and ... 58A-5.0191(4) FAC
Based on record review and interview, the facility failed to provide proof that 1 of 3 staff members had provided documentation of current certification in ... (staff "A").

The findings are:

A personnel record review was conducted for staff "A", a licensed nurse. During the review, it was determined the record did not contain information required to document current ... certification. The Program Director acknowledged the record did not contain the ... certification, and further stated they cannot find a record of the ... certification for staff "A". The Program Manager stated during interview at approximately 1:00 P.M. on ... that licensed nursing staff were expected to have a current ... certification, and that the licensed nurses assigned to each shift are held responsible for the performance of ... if the need occurred on their shift.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on record review and interview the facility failed to have written documentation of informed consent in resident's record that unlicensed staff are assisting the resident with the self-administration of medication for 1 of 3 record reviews. (#10)

The findings are:

Interview with staff A on ... at 10:22 am indicated the facility has recently had a change in medication administration. Starting ... medication technicians will start assisting residents with their medications. Licensed nurses now administered injections and ... and administer any medications that require assessments.

Interview with the Program Director on ... at 1:14 PM confirmed the changes and that some family members did not like the change. She confirmed resident #10 needs medication administration and that med techs have

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been assisting him with his medication.

Interview with resident # 10 spouse on [redacted] at 1:14 PM stated she is concerned about the recent change from nurses administering medications to med techs assisting with self administration of medications. She stated the resident is [redacted], and does not know anything about his medications so how can the med techs assistance him? She said since the change a med tech has been administering his medications. She indicated the facility informed her of the change and wanted her to sign a form indicating unlicensed staff will be assisting with self administration of medications. She said she refused to sign the form.

Review of resident #10's record indicates he was admitted [redacted] with a diagnosis of [redacted]. The health assessment dated [redacted] indicates the resident needs medication administration. The record lacked documentation of unlicensed staff assisting with self administration of medications.

Review of [redacted] medication observation record (MOR) indicated med techs assisting with self administration of medications [redacted]

Review of Rule 58A-5.0181 F.A.C for admission criteria indicates if the individual needs assistance with self-administration the facility must inform the resident of the professional qualifications of facility 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 written informed consent to provide such assistance.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Creekside Senior Village
9015 University Parkway
Pensacola, FL 32514

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 McCatty, RNC

for Jonah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

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