| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966273 | 03/24/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Cedar Creek Life Center | 4279 Judith Ave<br>Merritt Island, FL 32953 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= G

**Specific Tag Findings:**

0000-Initial Comments
ECC/LNS monitoring visit conducted on

There was a deficiency found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview the facility failed to ensure staff had a statement from a health care provider that stated they were free from all communicable including for1 of 4 sampled staff (Staff A, B and D) and the skin test was signed by the healthcare provider for 3 of 4 sampled staff (Staff A, B and D).

Findings:

Review of personnel files revealed:

1. Staff A, caregiver, was hired on Review of Cedar Creek Life Center Test revealed on Staff A checked the box that she had tested positive for in the past. She agreed to have a chest x-ray done; signed by the Staff A on Comments were chest x-ray results pending. On test was given and test results revealed 22 millimeter The Registered nurse (RN) examined Staff A and the positive results of the test would be treated. Treatment was offered. The form was signed by the RN on

Review of a letter dated from the Department of Health revealed her chest x-ray taken on showed no evidence of active Due to the fact that she had a positive skin test she was a risk for developing and their recommendation was 9 months of medication to prevent her from developing active She could obtain a prescription from her private physician or the health department would provide the medication. The form was signed by the RN at the program.

On the Advanced Registered Nurse Practitioner indicated Staff A appeared to be free of communicable and she found no condition that appeared to prevent her from

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performing the duties applied for. She found no indication of any condition that might represent a possible hazard to the health of patients or other employees in the institution.

There was no documentation that indicated Staff A was free from .

2. Staff B, a caregiver, was hired on . Staff B had a negative . skin test signed by the RN on . There was no documentation to review to indicate a statement that indicated freedom from all communicable . including . was completed by the healthcare provider, or the . skin test was signed by the healthcare provider.

3. Staff D, an RN was hired in 2010. She had a negative . skin test signed by the RN on . There was no documentation to review that indicated the healthcare provider signed the . skin test.

In an interview with the administrator on . at approximately 1:45 PM who stated she did not have documentation of the freedom from communicable statements and . results on the above staff and was not aware the staff needed to follow up regarding treatment for a positive . skin test.

Class II

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Cedar Creek Life Center
4279 Judith Ave
Merritt Island, FL 32953

Dear Administrator:

Re: ECC/LNS monitoring

This letter reports the findings of a state licensure survey that was conducted on . 2014 by representative(s) 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 surveyor(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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