STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964582	04/18/2014
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)

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

0000-Initial Comments
An unannounced complaint survey (#2014003768) was conducted 17-18, 2014 at Creekside Senior Village Assisted Living Facility, Pensacola. Deficient practice was identified at the time of the survey.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, staff interview and record review an unlicensed medical assistant administered medication to 2 of 3 residents observed during medication pass. (# 6, 7)

The findings are:

1. Medication pass observation was conducted at 1:00 PM in cottage 7 by medical assistant C. She dispensed the medication in a plastic cup in the medication of view of resident #6 who was outside the door. She didn't explain the medication to the resident. Review of the health assessment noted she has a diagnosis of and needs assistance with medications. Interview with the director of nursing on at 12:00 noon indicated they know the process and she should have followed it.

2. Review of medication observation record (MOR) for resident #7 found for the month of 2014 indicated medication 0.5-2.5 milligrams, oral inhalation for was being given by unlicensed medical assistants during the following times: 12 midnight and 6:00 AM for the entire time frame.

Record review for resident #7 found a diagnosis of and and assist with self administration of medications.

Interview with staff C on at 1:00 PM indicated medical assistance were giving the inhalation medication some times.

Interview with director on at 8:45 am indicated she just informed the medical assistance that are not to give the inhalation medications.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, staff interview and record review the facility failed to make a reasonable attempt to make medications available for 4 of 12 sampled residents. (#1, 2, 3, & 7)

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The findings are:

1. Review of HA for resident #1 dated noted a diagnosis of and requires assistance with self-administration.

Review of MOR for noted 10 mg one tablet, two times a day not given from Back of MOR states medication is on order. 25 mcg was not given on Labs were drawn on and were within normal limits.

2. Review of HA for resident #2 dated found a diagnosis of forgetful and at risk for Resident needed assistance with self administration of medications as of

Review of MOR dated 2014 revealed Besylate 5 mg for was circled as not given from . The back of the MOR indicated med's on order. 325 mg for Fib was circled as not given from without comment on back of MOR. 75 mcg was not given on . Valsar HCTZ 160 give 12.5 was on order for and not given. Nurses notes did not reflect any concerns with

3. Review of the health assessment for resident #3 dated indicated a diagnosis of and requires medication administration.

Review of MOR dated 2014 noted 80 mg not available from for DR 40 mg for was not given 4.6 mg patch was not available from . On the back of the MOR for the med is not available. Review of record did not indicate any adverse behaviors or side effects from not receiving medications.

4. Record review for resident #7 found a diagnosis of and and assist with self administration of medications.

Review of medication observation record (MOR) for resident #7 found for the month of 2014 100 milligrams (mg) daily on order from the pharmacy for the 13-17 as noted on the back of the MOR. DR 30 mg was not signed as given for 8:00 am on and no explanation written on back of MOR. 0.5-2.5 mg/3 ml mix one vial in cup and inhale four times a day for on 4/5, 12,13 for 12 noon was not signed as given and at PM on 12 and 13. 15 mg one at night circled on and on back says on order.

Interview with staff C on at 1:00 PM indicated medical assistance were giving the inhalation medication some times.

Interview with director on at 8:45 am indicated she just informed the medical assistance that are not to give the inhalation medications.

Interview with director of nurses on at 9:00 am indicated we have a process for ordering medications.

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The staff pulls the tabs when there is about 8 days of meds left. The tab is picked up by nurses and faxed daily to the pharmacy. The pharmacy delivers daily. We have an emergency backup pharmacy that can deliver meds when needed. My staff are not monitoring when meds don't come in to reorder. She indicated she was not aware that medications were not available and no corrective action as been implemented.

Interview with nurse D and medical assistant C on at 4:45 PM indicated the same process but not sure who monitors when the med's come in.

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:

Re: CCR #2014003768

This letter reports the findings of a state licensure survey that was conducted on . 2014 by a representative 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. Should you have any questions please call me at 850-412-4540.

Sincerely,

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

DH/pm
Enclosure
XG90

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