STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964582	05/30/2014
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)		

Revisit Corrected Tags:
0056-Medication - Labeling And Orders-0[illegible]

Revisit Repeat Tags:
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac

Specific Tag Findings:

0000-Initial Comments

A follow up survey to CCR#2014003768 was conducted at Creekside Senior Living in Pensacola, FL on [illegible]. The facility was not found to be in compliance with state regulations for Assisted Living Facilities at the time of this survey.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, interview and record review facility staff failed to ensure that unlicensed staff assisting with self-administration of medications followed procedures specified in Florida Statutes Section 429.256(3) for 3 of 8 residents observed during medication pass (#8, 9, and 10).

The findings are:

Observation of medication pass on [illegible] beginning at 9:05 AM in Cottage 7 revealed the medication tech assisting residents with self-administration of medications. The tech took medications for resident #8 out of the medication cart and dispensed them into a medication cup. She then took the cup of medications down the hall to the resident's [illegible] handed the cup to her. She did not dispense the medications in the presence of the resident and did not initially identify the medications to the resident. Once the resident had taken the first pill, the tech glanced up at this surveyor, stated "oh, I forgot", then identified the remaining pills to the resident.

The tech returned to the medication [illegible] began preparing medications for resident #9. She removed the packages from the cart, dispensed the medications into a cup, then called the resident into the [illegible] handed him the cup of medications with a cup of water. She did not dispense the medications in the presence of the resident and did not identify any of the medications to him.

The tech then followed the same procedure with resident #10, dispensing medications, then calling the resident into the [illegible] handing him the cup of medications and a cup of water. She did not prepare the medications in his presence and did not identify any of the pills to the resident.

Interview with the medication tech following this medication pass at 9:25 AM revealed that she has received the training required for unlicensed personnel to assist with self-administration of medications.

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She was asked to describe the procedure she had been trained to follow. She stated she knew she should have told the residents what pills they were taking. She did not say she had been trained to dispense medications in the presence of the resident, or to read the prescription label to them. Interview with the Program Director on . . . . . at approximately 10:00 AM revealed that medication techs receive their required training through the pharmacy the facility uses.

Review of the personnel record for this med tech revealed a certificate for 4 hours of training for unlicensed persons to assist with self-administration of medications dated , provided by Gulf Coast Medical Services.

Class III

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 revisit survey conducted on 2014 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than 2014.**

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 this office at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure

BBT7

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