STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967456	07/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Silver Creek Assisted Living St Cloud	2910 Old Canoe Creek Road Saint Cloud, FL 34772	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0025-Resident Care - Supervision-07/14/2014
0052-Medication - Assistance With Self-Admin-07/14/2014
0079-Staffing Standards - Levels-07/14/2014
0160-Records - Facility-07/14/2014
0165-Risk Mgmt & Qa; Adverse Incident Report-07/14/2014

Revisit Repeat Tags:
0008-Admissions - Health Assessment-58a-5.0181(2) Fac
0055-Medication - Storage And Disposal-58a-5.0185(6) Fac
0078-Staffing Standards - Staff-58a-5.019(2) Fac

Revisit New Tags:
0053-Medication - Administration-58a-5.0185(4) Fac
0054-Medication - Records-58a-5.0185(5) Fac

Specific Tag Findings:

0000-Initial Comments
A revisit to complaint investigation #2013013019 was conducted on 7/14/14. Silver Creek Assisted Living Saint Cloud had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
DEFICIENCY REMAINS UNCORRECTED

Based on resident record review and interview the facility failed to ensure 1 of 5 sampled resident's records (#3) contained a completed health assessment report that addressed all the required information.

Findings:

Resident record review at approximately 11 AM for resident #3 revealed she was admitted to the facility on . . . . Continued reviewed revealed a health assessment dated . . . . The health assessment did not address the resident's medication needs; it did not indicate if the resident needed assistance with self - administration of medications, if she was able to self-administer or if medication administration was needed.

In an interview with the administrator on . . . . . at approximately 11:30 PM, who confirmed

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the findings and stated the information was overlooked.

Class III

0053-Medication - Administration 58A-5.0185(4) FAC
Based on record review and interview the facility failed to have a staff member who was licensed to administer medications available to administer medications in accordance with a health care provider's order for 1 of 5 resident records reviewed (#6).

Findings:

Resident record review on at approximately 11 AM for resident #6 revealed a health assessment report dated that listed diagnoses of and . The assessment indicated the resident "needs total assistance with administration of medications".

In an interview with the administrator on at approximately 12:30 PM, she stated the facility did not have a nurse and the resident was appropriate to received assistance with self-administration of medications from the facility staff. Most likely the doctor who filled out the form did not understand assisted living.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and interview the facility failed to maintain up-to-date Medication Observation Records (MOR) for 2 of 8 sampled residents (#3 and #6).

Findings:

Observations during the medication pass on at approximately 9:30 AM noted the Medication Observation Record (MOR) for resident #7 listed 81 milligrams (mg), , D5 5000, 40 mg, XR 500 mg, 1 mg all to be taken once daily, 10 mg twice daily and patch 13.3 mg /24 hours. Continued review revealed the MOR was blank for in the AM.

Resident record review on at approximately 11AM for resident #6 revealed the MOR dated 2014 listed 30 mg, 2 mg, 40 mg all to be taken twice daily; 100 mg take 1 tablet in AM and 3 tablets at bedtime and

40 mg daily were all blank for and in AM.

Individual record review revealed no evidence to confirm the residents were out of the facility on those dates and therefore missed their medications.

In an interview with the administrator on at approximately 12:30 PM, who confirmed the findings and stated the staff most likely gave the medications and forgot to sign the MOR.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
DEFICIENCY REMAINS UNCORRECTED

Based on observations and interview the facility failed to ensure medications were kept in a locked cabinet, locked cart, or other locked storage receptacle, or area at all times, out of sight of other residents, for 10 of 10 residents.

Findings:

Observations on at approximately 9:30 AM during medication pass noted staff #D assisted resident #7 with his morning medications. She said that the patch would be the last medication. She retrieved the box with the patches and took one patch out. She left the medication cart unlocked and went to the kitchen to get the scissors to cut the patch packaging. In the meantime another resident walked by the dining area were the medication cart was and resident # 7 waited for staff #D to return with the patch. She applied the patch, signed the Medication Observation Record. She locked the medication cart.

In an interview with the administrator on at approximately 1 PM, she offered no comment.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
DEFICIENCY REMAINS UNCORRECTED

Based on personnel record review and interview the facility failed to ensure all staff were assigned duties consistent with his/her level of education, training, preparation and experience and allowed them to administer medications to 1 of 5 sampled residents (#6).

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Findings:

Resident record review on [redacted] at approximately 11 AM for resident #6 revealed a health assessment report dated [redacted] that listed diagnoses of [redacted] and [redacted]. The assessment indicated the resident "needs total assistance with of administration of medications".

In an interview with the administrator on [redacted] at approximately 12:30 PM, she stated the facility did not have a nurse and the resident was appropriate to receive assistance with self-administration of medications from the facility's unlicensed staff. Most likely the doctor who filled out the form did not understand assisted living.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Silver Creek Assisted Living St Cloud
2910 Old Canoe Creek Road
Saint Cloud, FL 34772

RE: Revisit to CCR#2013013019

Dear Administrator:

This letter reports the findings of a complaint investigation revisit survey conducted on 2014by 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 (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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