



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Cedar Creek
231 NW Highway 19
Crystal River, FL 34428

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 6-7, 2014 by representative(s) of this office.

Enclosed 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 this office at (386) 462-6201.

Sincerely,



Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure



STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965899	(X3) DATE SURVEY COMPLETED 10/07/2014
NAME OF PROVIDER OR SUPPLIER Cedar Creek	STREET ADDRESS, CITY, STATE, ZIP CODE 231 Nw Highway 19 Crystal River, FL 34428	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
 St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
 St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
 St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments

On 6-7, 2014 an unannounced Biennial Licensure Survey was conducted at Cedar Creek Assisted Living Facility located in Crystal River, Florida. The facility was not in compliance. Deficiencies were cited.

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

Based on observation, interview, and record review the facility failed to centrally store medications according to their policy for 1 of 1 resident sampled requiring medications in a secure place within the resident is out of sight of other residents for 1 of 1 residents medication administration (resident #1).

Findings:

A review of the facility policy on Storage of Medications revealed Section B "If a resident is authorized through a written physician's order to store medications in resident's on their person, the community shall provide a secure area for storage of such medications."

A record review of resident #1 Resident Health Assessment signed revealed that the physician stated that the resident "needs medication administration."

On at 11:05 AM An observations of resident #1's unsecured and were stored in the

On at 11:05 AM an interview was conducted with the resident #1. She revealed she has had a and her son brought her in medicine. When asked how the resident gets her medication, the resident stated that the staff has her medicine and they will come to her give her medicine if she doesn't go downstairs.

On at 3:15 PM an interview was conducted with the Assistant Director revealed there is no written physician order as per their policy for a resident to store medications in her

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on observation, interview, and record review the facility failed to revise the medication label to alert staff that medication directions for use had changed for 2 (#5,#13) of 6 residents observed during the medication pass.

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Findings:

1. On at 11:45 AM the medication observation passed was observed. Observations revealed the label on medication bottle being administered and the Medication Observation Record did not match did not for resident #13.

On at 11:45 AM in an interview with Staff A confirmed that the label for resident #13 stated "0.1 percent Instill in both eyes twice a day". The MOR stated "0.1 percent Instill in both eyes three times a day". Staff A agreed that the label and MOR did not match and there was no alert label indicating change in instructions on the bottle.

On at 1:00 PM a record review revealed physician's orders dated "0.1 percent Instill in both eyes three times a day."

2. Observations of the medication pass on at 8:40 AM revealed that the medication technician (Med Tech) was preparing to assist resident #5 with his medication when the resident stated that it would not do him any good because he had already eaten.

Review of the medication observation record (MOR) and the medication label showed that the medication was to be taken with food in the AM (morning). 180 mg

During the interview with the licensed practical nurse (LPN) on at 9:30 AM she stated that the medication is to be taken with food and she forgot to put a medication change alert on the label.
During the interview with resident #5 on at 10:00 AM he stated that "the girls usually give me my medication in the morning before breakfast, it got very busy today they told me to go and have breakfast and come back later". Continuation of the interview revealed that the resident did not know the name of the medication that is to be taken with food.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview the facility failed to ensure 1 of 3 employees received 3 hours of training in Activities of daily living (ADL) and Behavioral Needs within 30 days of employment (staff B).

Findings:

A review of staff B's personnel record showed the employee was hired on . Continued review of the record showed it did not contain documentation that the employee had received the 3 hour training in ADL and Behavioral Needs.

During the interview with the Assistant Administrator on at 1:40 PM she confirmed Staff B is not a certified nursing assistance (CNA) and had not received the ADL and Behavioral Needs training as required.

Class III

0090-Training -

58A-5.0191(11) FAC

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Based on record review and interview the facility failed to ensure 1 of 3 employee records contained the required training (staff C).

Findings:

Review of staff C's personnel record revealed the employee was hired on . Continued review of the record showed it did not contain documentation that the employee had received the 1 hour of training.

During the interview with the Assistant Director on at 1:35 PM she stated that she had not been informed that the staff C did not have the required training.

Class III