STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966273	10/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cedar Creek Life Center	4279 Judith Ave Merritt Island, FL 32953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0076 - 58a-5.0186 Fac - S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - E208 - 58a-5.030(9) Fac - Ecc - Records S-S= D
St - A - E210 - 58a-5.0191(7) Fac - Ecc - Training S-S= D

Specific Tag Findings:

0000-Initial Comments
Change of Ownership (CHOW) with Extended Congregate Care (ECC) and Limited Nursing Services (LNS) licensure was conducted on to in conjunction with complaint investigation #2014007515. Cedar Creek Life Center had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on resident record review and interview the facility failed to ensure 2 of 8 records (# 2 & 6) reviewed contained a health assessment report that contained all the required information.

Findings:

1. Resident record review on at approximately 9 AM for resident #2 revealed a health assessment report dated that did not indicate if her needs could be met in an assisted living facility. She had diagnoses of fatigue, muscle , and . The assessment indicated she was non-ambulatory and "required assist to transfer from bed to wheelchair/ bedridden/can sit in wheelchair".

2. Resident record review on at approximately 9 AM for resident #6 revealed a health assessment report dated that listed diagnoses of type II, high

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966273	10/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cedar Creek Life Center	4279 Judith Ave Merritt Island, FL 32953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

and and had "wheelchair status". The assessment did not indicate if her needs could be met in an assisted living facility. In an interview with the administrative assistant on at approximately 4PM who stated the forms had been overlooked.

Class III

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on observations, record review and interview the facility retained 2 of 18- sampled residents (#2 and #6) who were unable to transfer and exceeded residency in the Assisted Living Facility.

Findings:

1. During the facility entrance on at approximately 8:30 AM, a dietary staff stated resident # 2 was bed bound and trays were brought to her every day for all her meals. Resident #6 needed to be fed by staff.

Observations at approximately 10:45 AM on noted the resident #2 was in her , in bed in a sitting position. She was covered with a blanket. Her hands were contracted. She was alert.

In an interview with resident #2 on at approximately 10:45 AM she stated she was able to transfer with the assistant of the staff.

Observations at approximately 2:30 PM on noted the resident #2 was in bed. Three (3) staff entered the One gathered the equipment- scooter /briefs/wipes/clothes. Two staff turned resident to change the brief. The staff dressed the resident, she put on her pants and socks without the resident's assistance. The resident was unable to assist because of the hand deformities. The resident turned over with assistance. One staff stated to let the resident do as much as she could for herself. The resident attempted to sit up but was unable. The staff assisted her to sit up on the bed. Two (2) staff lifted the resident and sat her on the scooter. The resident did not pivot.

Observations at approximately 3:00 PM on noted the resident #2 was in her sat in a wheelchair. Two staff came to assist the resident to transfer from wheelchair to chair at the surveyor's request. Observations noted the resident did not pivot; the staff lifted the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966273	10/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cedar Creek Life Center	4279 Judith Ave Merritt Island, FL 32953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

resident and sat her on the chair.

Resident record review on at approximately 9 AM for resident #2 revealed a health assessment report dated that did not indicate if her needs could be met in an assisted living facility. She had diagnoses of fatigue, muscle and The assessment indicated she was non-ambulatory and "required assist to transfer from bed to wheelchair/ bedridden/ can sit in wheelchair".

2. Observations at approximately 11 AM on resident #6 was observed in her in a wheelchair. The staff repositioned her wheelchair. Her legs appeared to be with some The resident had some expressive aphasia but was able to answer "right" meaning yes/OK.

Observations during the lunch on at approximately 11:40 AM noted resident #6 was wheeled to the dining staff. She sat at the table, in her wheelchair along with 2 other residents and 2 staff. The staff was observed to feed the residents.

Resident record review on at approximately 9 AM for resident #6 revealed a health assessment report dated that listed diagnoses of type II, high and and had "wheelchair status". The assessment did not indicate if her needs could be met in an assisted living facility.

In an interview with the Administrative Assistant on at approximately 4PM who stated she had been doubtful about the appropriateness of residents 2 and #6.

Class III

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

Findings:

Observations on at approximately 11 AM, on the facility's second floor noted a medication cart that was by the elevator. Closer observations noted the cart was unlocked and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966273	10/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cedar Creek Life Center	4279 Judith Ave Merritt Island, FL 32953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

had residents' medications inside. Visitors and residents passed by the cart to get on and off the elevator, a staff was not present. The Agency representative called the Director of Nursing, who locked the cart and called the nurse and informed him about the cart being unlocked.

Class III

007(58A-5.0186 FAC
Based resident record review and interview the facility failed to have accurate written policies and procedures, which delineated its position with respect to state laws and rules relative to for 3 of 18 sampled residents (#1, #2 & #3).

Findings:

Review of the Facility's Policy and Procedure revealed it did not include the following provision:

(3) PROCEDURES. Pursuant to Section 429.255, F.S., an ALF must honor a properly executed as follows:

(b) In the event a resident is receiving hospice services and experiences , facility staff must immediately contact the hospice. The hospice procedures shall take precedence over those of the assisted living facility.

Record review for Residents #1, #2 and #3 revealed that there was no documentation to confirm that they were made aware of the above provision regarding as required.

In an interview with the Director of Nursing on at approximately 2:30 PM who stated that the above provision was not included in the facility's policies and procedures as required.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure that 3 of 6 staff (A, B and C) had a statement from the health care provider documenting freedom from Communicable and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966273	10/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cedar Creek Life Center	4279 Judith Ave Merritt Island, FL 32953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Findings:

Personnel record review for staff A revealed that her annual test was dated and Staff B had an annual that was dated Both of their test had signatures that were not legible. There was no address or title of the person that had completed the form. There was no way to determine their statements were actually completed by a health care provider.

Personnel record review for staff C revealed she had no statement to confirm that she was free from communicable The test that was dated was signed by a Licensed Practical Nurse (LPN). There also was no documentation to confirm that she had a test that was conducted by the required Health Care Provider (Physician or physician's assistant licensed under Chapter 458 or 459, F.S. or advanced registered nurse practitioner licensed under Chapter 464, F.S.)

In an interview with the administrative assistant on at approximately 3:15 PM she stated she was not aware that the LPN could not complete the statement and she could not locate the freedom from communicable statement for staff C. She stated that a doctor completed the statements for staff A and staff B and she would contact him to verify his signature.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on interview and staff training certificates staff E who was responsible for the facility's food service and the day-to-day supervision of food service staff failed to have evidence that he had completed a minimum of 2 hours continuing education each year in topics pertinent to nutrition and food service in an ALF that was provided by a certified food manager, licensed dietician, registered dietary technician or health department sanitarians

Findings:

In an interview with the administrative assistant on at approximately 1 PM, she stated staff E was responsible for the facility's food service. She was asked to provide documentation to confirm that staff E had completed a minimum of 2 hours continuing education each year in topics pertinent to nutrition and food service in an ALF.

The administrative assistant stated on at approximately 5 PM stated she could not locate any documentation in staff E's personnel record to confirm that he had the required

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966273	10/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cedar Creek Life Center	4279 Judith Ave Merritt Island, FL 32953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

training. She stated staff E had documentation and she would provide it to the agency via electronic (E)-mail.

On . . . . . the facility provided certificates for the completion of courses. Review of the received documentation revealed no evidence that the training was provided by a certified food manager, licensed dietician, registered dietary technician or health department sanitarians as required. The title of the person that provided that training was a Health Care Sales Manager.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observations, menu review and interview the facility failed to ensure menus to be served were dated and kept for 6 months, were not reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist and did not offer snacks to the residents at least once a day.

Findings:

Review of the menu used by the facility revealed that the last date that they were reviewed by the Registered Dietitian was . . . . . The Dietary manager was asked on . . . at approximately 12:45 PM to provide the last 6 months of menus served that included the substitutions, he stated at the time he did not keep the menus with substitutions and the Registered Dietitian had not signed the menu annually.

During interviews with residents of the facility it was revealed they were not offered snacks. Through interviews with the facility staff it was also revealed that they did not offer snacks and the residents did not have access to the kitchen.

In an interview with the dietary manager on . . . . . at approximately 3:45 PM, he was asked if the residents were provided snacks. He stated that there were snacks in the refrigerator, he opened the refrigerator that was located in an area outside of the kitchen and stated snacks are here. Further observations revealed that there was a 4 pack of instant pudding and several pints of milk. He further stated "I think there are some cookies in the back." He stated he was not aware that snacks had to be offered once daily.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966273	10/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cedar Creek Life Center	4279 Judith Ave Merritt Island, FL 32953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observations and interviews the facility failed to provide and maintain the bus used to transport the residents, in good-repair and did not maintain a home-like environment in which to provide for the safe care of the residents.

Findings:

During the tour of the kitchen on at approximately 1 PM the following observations were made:

In the front area before entering the kitchen where the drinks are prepared there was black mildew like substance on the left back wall.

The air conditioner vents inside of the kitchen were covered with dust. Further observations noted that water was dripping from the dust covered air conditioner vent (condensation). That vent was located above a table as you entered the kitchen that had utensils inside.

On at approximately 2 PM, the above observations were made along with the Director of Nursing and the Administrative Assistant. They both stated they were not aware of the above findings. The Director of Nursing moved the utensils away from the vent.

Review of the Resident Council minutes revealed there were several complaints regarding the facility's bus requiring repairs. During interviews with residents and staff it was revealed that the bus's air conditioner and gas gauge did not work and also the front door had to be pushed to open.

Observations on at approximately 3 PM revealed the air conditioner on the bus only blew out hot air. Further observations revealed that with the bus running, the gas gauge showed that it was empty.

In an interview with the bus driver on at approximately 3 PM, he confirmed that the air conditioner and gas gauge did not work. He stated he had to push the bus doors with his hands to open the door because the door opener did not work.

On at approximately 4 PM, a letter from corporate, Veritas Incare LLC, dated was received. The letter indicated that no residents would be taken by bus until all issues were repaired.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966273	10/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cedar Creek Life Center	4279 Judith Ave Merritt Island, FL 32953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0161-Records - Staff 58A-5.024(2) FAC
Based on observations and interview, the facility failed to ensure that 1 of 6 sampled staff (D) records available for the agency's inspections.

Findings:

Observations of the personnel records provided on [redacted] at approximately 11 AM, revealed that Staff D (the administrator) record was not available.

In an interview with the Resident Care Director on [redacted] at approximately 1 PM, she stated Staff D was not at the facility, his record was in a locked drawer and he had the key with him that could unlock the drawer.

Class III

E208-ECC - Records 58A-5.030(9) FAC
Based on record review and interview the facility failed to ensure 1 of 18 sampled residents (#1) who received Extended Congregate Care (ECC) services had nursing progress notes completed each time she received the nursing services.

Findings:

In an interview with the Director of Nursing on [redacted] at approximately 11 AM resident #1 was identified as receiving ECC services.

Resident record review revealed an Assisted Living Facility Health Assessment form (1823) updated on [redacted] that indicated [redacted] and [redacted] and stated the resident's diet was regular and [redacted] tube feeding.

Review of physician's order dated [redacted] indicated Osmolite 1 can per [redacted] tube per day at 6 AM, 10 AM, 2 PM, 6 PM and 9 PM. Flush with 50 cubic centimeters (cc) of water before and after feeding.

Review of the ECC nursing progress notes for [redacted] revealed 7 AM-7 PM [redacted] tube patent, no residual noted. Bolus feeding of Osmolite 1.2 calories given 3 times this shift. 50 cc of water given before and after. There was no documentation that indicated the tube feeding was given at 10 AM, 2 PM and 6 PM.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966273	10/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cedar Creek Life Center	**4279 Judith Ave Merritt Island, FL 32953**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

In an interview with the Director of Nursing on [redacted] at approximately 2:30 PM she stated she was not aware the nursing progress notes were not completed each time the tube feeding was performed.

Class III

E210-ECC - Training 58A-5.0191(7) FAC
Based on record review and interview the facility failed to ensure that 1. 1 of 6 sampled direct care staff (Staff C) who provided direct care to residents in an extended congregate care (ECC) program completed at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility; 2. 1 of 6 sampled staff (Staff F) completed 4 hours of inservice training ECC, within 6 months of hire.

Findings:

Review of personnel files revealed staff C who was hired on [redacted] did not have documentation to confirm that she had completed 2 hours of ECC training within 6 months of employment that was provided by the facility administrator or ECC .

In an Interview with the administrative Assistant on [redacted] at approximately 4 PM she stated staff B had not received the training ECC training as required.

In an interview with the Director of Nursing on [redacted] at approximately 11 AM who stated Staff E was the ECC supervisor.

Review of personnel files revealed Staff F, date of hire was 2010, did not have documentation of 4 hours of inservice training in Extended Congregate Care, completed within 6 months of hire. The staff had 2 hours of ECC training on [redacted]

In an interview with the Director of Nursing on [redacted] at approximately 2 PM who stated she was not aware the ECC supervisor did not have the 4 hours of ECC training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: CHOW with LNS & LMH

Dear Administrator:

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 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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com