STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964582	**04/08/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced complaint investigation for CCR # 2015001086 and 2015002047 was conducted at Creekside A Pacifica Senior Living Community on [redacted] in conjunction with an Extended Congregate Care monitoring visit. Deficient practice was found with CCR 2015001086.

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

Based on observation of medication pass with unlicensed staff, staff interview, and resident record review the facility failed to provide administration of medication by licensed staff per health care provider order for 1 of 4 residents #9, and failed to provide the correct dosage of medication per health care providers order for 1 of 4 residents #10.

The findings are:

1. Resident #9 was observed being assisted with his medication by unlicensed Medication Tech Staff A on [redacted] about 8:55 am . The medication tech was observed assisting with the medication [redacted] 300 mg one capsule by mouth three times per day.

A review of the schedule provided by the facility for staff was reviewed. Staff Person A is listed as a Medication Tech 7 for Wednesday [redacted]

A review of Resident #9's chart revealed a Resident Health Assessment for Assisted Living Facilities (1823) dated [redacted] by the provider on [redacted] Section B on page 4 of the form "Does the individual need help with taking medications" marked as Yes. The box for needs medication administration is check marked.

An interview was conducted with Licensed Practical Nurse (LPN) Memory Care Supervisor on [redacted] about 10:30 am. She confirmed that Resident #9's 1823 indicates he is to receive medication administration. She then stated, "We missed that one".

2. Observation of Resident # 10 was conducted on [redacted] about 8:55 am with Medication Tech Employee A. She was observed to assist with several medications including [redacted] 50 mg by mouth twice daily. The label on the bottle reads [redacted] 50 mg one [redacted] (twice daily). A review of the Medication Observation Record read- [redacted] 10 mg one take one tablet po (by mouth) daily. The physician order in Resident #10's chart also reads [redacted] 10 mg one tab po daily.

Medication Tech Staff A was conducted on [redacted] about 9 am. When asked how many [redacted] she had given the resident she stated, "Yes I gave one tablet. I have to go by what the bottle indicates. It says one tablet." She then confirmed the bottle label read [redacted] 50 mg.

An interview was conducted with the Memory Care Supervisor on [redacted] about 9:50 am. She was asked about the

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0052 Continued From page 1

and she stated, "The tech should have said I will check with my nurse and clarify this before giving the medication".

Class III

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

Based on observation of storage, staff interview, facility policy review the facility failed to keep medications in the original pharmacy labeled bottle for Resident # 15.

The findings are:

On about 2:50 pm a review of the drawer for Cottage 5 was viewed with MT 5 (Medication Tech Cottage 5)Employee J . There is one bottle in the drawer not pre-packaged unit dose by the pharmacy. The bottle belongs to Resident #15 and reads 1 mg (twice daily).

A review of medications kept in Memory Care Supervisors office was viewed and another bottle of 1 mg was found in locked box for Resident #15. An interview was conducted with the Licensed Practical Nurse (LPN) Memory Care Supervisor on about 3:30 pm regarding the two bottles. She stated, "Resident #15 started with 180 pills so we take 30 out and put them on the cart as needed. We keep the separate bottle in my office which we refill the cart bottle."

Class III.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Creekside Senior Village
9015 University Parkway
Pensacola, FL 32514

RE: CCR #2015001086 & 2015002047

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 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 me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

XG90

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