STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964582	R 05/22/2015
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 visit was made to Creekside Senior Village on for a re-visit survey to the annual re-licensure survey completed on There were deficiencies noted during the visit.

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

Based on observation, staff interview and facility policy review, the facility failed to follow their policy regarding medication order changes to properly alert staff of the changes for 2 of 6 residents observed during the medication pass. (#2 and 4).

The findings are:

During medication observation on at 8:45 AM for resident #2, the label for the medication 5 milligrams (mgs) read take 1 tab by mouth every night. The Medication Observation Record (MOR) read 5 mg give one tablet by mouth daily and was identified with an 8 AM time. The Physician's order was change from evening hours to daily on when the AHCA form 1823 was updated on Interview with staff A on at 8:52 AM indicated when there is a difference in the label and the MOR, we notify the nurse and then check the orders. A sticker is to be placed on the packages to alert the staff of a change. Staff A indicated she did not follow the procedure.

During medication observation on at 8:45 AM for resident #4, the label for 50 mg read take one tablet twice a day. The MOR for the medication read 50 mg daily at 8 AM. Review of the Physician's order indicated the medication was changed from twice a day to daily on

Interview with staff D on indicated there should be a sticker to alert staff of any change in orders. She agreed the label was different than the MOR.

Review of the facility policy dated indicated "the MOR and prescription label must match exactly".

Interview with the Executive Director on at 10:30am indicated the staff are to attach a label to the package to alert the staff there had been a change in the order and they should check the Physician's orders.

Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11964582	A. Building B. Wing	

Name of Facility	Street Address, City, State, Zip Code
CREEKSIDE SENIOR VILLAGE	9015 UNIVERSITY PARKWAY PENSACOLA, FL 32514

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0052 Reg. # 58A-5.0185(3) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	Reviewed By [signature]	Date: 6/1/15	Signature of Surveyor: for Margaret Board [signature]	Date: 6/1/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Creekside Senior Village
9015 University Parkway
Pensacola, FL 32514

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on May 22, 2015 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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 , 2015.**

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 me at 850-412-4540.

Sincerely,

for Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

YOSF

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