STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966273	**06/08/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A complaint investigation (2015003141) was conducted on . . . . Cedar Creek Life Center, had deficiencies found at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interviews the facility failed to contact the primary health care provider for 1 of 6 residents (Resident #8) based on significant behavioral changes including elopement.
1- A record review conducted on . . . . of nursing notes for Resident #8 indicated that Resident #8 locked himself in his . . . . . and staff were forced to pick the lock to gain entry.
2- A continued record review conducted on . . . . of nursing notes for Resident #8 indicated that on . . . . Resident #8 eloped from the facility and neighbors came to the facility to inform the facility of his location.
3- A continued record review conducted on . . . . of nursing notes for Resident #8 indicated that on . . . . that Resident #8 eloped from the facility and law enforcement had to be called to locate him.
4- A continued record review conducted on . . . . of nursing notes for Resident #8 indicated that Resident #8 eloped from the facility on . . . . .
5- A continued record review conducted on . . . . of nursing notes for Resident #8 indicated that Resident #8 eloped from the facility on . . . . and was found wandering around in a local neighborhood.
6- In an interview on . . . . at 1:35 PM with the Resident Care Manager. She stated that the facility attempted to contact the doctor by fax on . . . . but did not get a response. She stated that they failed to attempt to reach the doctor by telephone or talk with him when he made visits to the facility. She stated that the facility failed to ask for an updated Agency for Health Care Administration 1823 Health Assessment.
7- In an interview on . . . . at 2:00 PM with the business manager of the primary health care provider they reviewed their medical record for Resident #8. It was indicated after a review of the record that they did not have a record of receiving a fax regarding Resident #8 and the doctors notes did not document a conversation concerning Resident #8 ' s change in behavior.
Class III

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

Based on record review and interviews the facility failed to obtain a written statement from a health care provider showing that staff was free from communicable . . . . . for 4 of 4 staff (staff E, staff F, staff G and staff H). The facility failed to obtain a written statement from a health care provider that staff was free from . . . . . for 1 of 4 staff (staff H).
1- A record review on . . . . of staff E employment file did not contain written documentation from a health care provider that staff E was free from . . . . . or a statement that staff E was free of communicable . . . . . The start of employment date for staff E is . . . . .
2- A record review on . . . . of staff F employment file did not contain written documentation from a health care provider that staff F was free from . . . . . or a statement that staff was free of communicable . . . . . The start of employment date for staff F is . . . . .

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3- A record review on of staff G employment file did not contain written documentation from a health care provider that staff G was free from , or a statement that staff G was free of communicable . The start of employment date for staff G is .
4- A record review on of staff H employment file did not contain written documentation from a health care provider that staff H was free from , or a statement that staff H was free of communicable . The start of employment date for staff H is .
5- In an interview on at 1:50 PM with the facility administrator, it was shared that the employee file review for staff E, staff F, staff G and staff H did not contain written documentation from a health care provider stating that the staff was free from or communicable . After the administrator was advised that the employee files did not contain the required documentation, the administrator stated the facility would need to try to secure duplicate copies.
6- During the exit interview on at 2:45 PM with the facility administrator and resident care manager, the facility administrator stated that she would obtain duplicate copies of the test and statement of being free of communicable and send them to the Agency for Health Care Administration.
7- On a record review of an e-mail from the facility administrator showed that staff E, staff F and staff G had a written statement from a medical doctor that they were free from . The record review did not show a written statement showing staff H was free from . The record review did not show written documentation from a health care provider indicating that staff E, F, G and H were free from communicable .

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record reviews and interviews the facility failed to provide an Adverse Incident Report for 1 of 6 residents (Resident #8) based on incidents of elopement that placed Resident #8 at risk of harm or injury.
1- A record review conducted on of Resident #8 ' s nursing notes indicated that Resident #8 on eloped from the facility. The facility was informed that Resident #8 was missing when neighbors came to the facility to inform them of Resident #8 ' s location. The record review did not indicate that an Adverse Incident Report had been completed.
2- A continued record review conducted on of nursing notes for Resident #8 indicated that on Resident #8 eloped from the facility and local law enforcement was contacted to search for Resident #8. The record review did not indicate that an Adverse Incident Report had been completed.
3- A continued record review conducted on of nursing notes for Resident #8 indicated that Resident #8 eloped from the facility on . The file did not indicate that an Adverse Incident Report had been completed.
4- A continued record review conducted on of nursing notes for Resident #8 indicated that Resident #8 eloped from the facility on . The facility became aware of Resident #8 location when a local neighbor came to the facility to inform them of Resident #8 ' s location. The file did not indicate that an Adverse Incident Report had been completed. The file indicated that Resident #8 ' s daughter was contacted and told because of the risk, if Resident #8 eloped again he would be .
5- In an interview on at 12:45 PM with Resident #8 ' s daughter and the facility administrator, it was stated

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by the facility administrator that they had provided the family with a 45 notice of discharge based on the risk Resident #8 created when Resident #8 eloped.
6- A record review of Adverse Incidents filed by the facility was conducted on . . . . . and there was no record of any Adverse Incidents filed since 2008.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015003141

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation 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. **Please forward documentation of correction to the Field Office.** 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
XG90

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