| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964582 | R<br>07/21/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>**CREEKSIDE SENIOR VILLAGE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**9015 UNIVERSITY PARKWAY**<br>**PENSACOLA, FL 32514** | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 Initial Comments**

An unannounced third follow-up to complaint CCR 2015001086 was conducted at Creekside Senior Village on . Deficiencies were found at the time of the survey.

**0054 Medication - Records**

Based on staf interview and clinical record review, the facility failed to have an accurate medication observation record (MOR) for 1 of 6 residents (#5).
The findings are:
A review of the MOR (Medication observation record) and the medical record for resident #5 was conducted on . It shows that there is entry for 20mg by mouth daily that was given from , 2015 through 2015, but there is no order for this medication in the medical chart. There is an order dated to discontinue .
An interview was conducted with the Director of Nursing (DON) on at 1205 PM she states that the residents home medications, were in bottles when the facility changed their policy to repackage all medications by the pharmacy. She stated, "The medications for #5 must have been sent to the pharmacy for repackaging without verifying a current order for each medication " . The medications were returned for to be given. The DON stated, " While reviewing the physician orders for , 2015, I verified with the pharmacy that there was no order for the . I wrote on the physician order sheet that there is no order for the , to discontinue on , 2015, but I did not discontinue medication on MOR " . She verified the MOR shows that medication was given daily by staff from , 2015 until .
Class III

**0056 Medication - Labeling and Orders**

Based on staff interview and clinical record review the facility failed to have an order for 1 medication for 1 of 6 residents ( #5) who had medications reviewed.

The findings are:
A review of the MOR (Medication observation record) and the medical record for resident #5 was conducted on . It shows that there is entry for 20mg by mouth daily that was given from , 2015 through , 2015, but there is no order for this medication in the medical chart. There is an order dated to discontinue .
An interview was conducted with the Director of Nursing (DON) on at 1205 PM she states that the residents home medications, were in bottles when the facility changed their policy to repackage all medications by the pharmacy. She stated, "The medications for #5 must have been sent to the

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SUMMARY STATEMENT OF DEFICIENCIES
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pharmacy for repackaging without verifying a current order for each medication " . The medications were returned for to be given. The DON stated, " While reviewing the physician orders for 2015, I verified with the pharmacy that there was no order for the I wrote on the physician order sheet that there is no order for the , to discontinue on 2015, but I did not discontinue medication on MOR " . She verified the MOR shows that medication was given daily by staff from , 2015 until .
Class III

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 revisit survey conducted on , 2015, by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within **five business days** of receipt of this hand delivered report.

The inspection resulted in findings of non-compliance in the following areas:

St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders

Directed Corrective Actions:
The Assisted Living Facility is required to employ the consultant services of a licensed pharmacist or a licensed registered nurse to provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. This person shall not be a current employee of your facility.

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law. Should you have any questions, please contact me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh

D7JR

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