STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966273	08/18/2015
NAME OF PROVIDER OR SUPPLIER CEDAR CREEK LIFE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4279 JUDITH AVE MERRITT ISLAND, FL 32953	

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

0000 Initial Comments

Conducted Complaint Investigation #2015005113 on . Cedar Creek Assisted Living Facility with ECC and LNS had deficiencies found at the time of the visit. Refer to the revisit to Complaint Investigation #2015003141 a deficiency cited. The complaint was substantiated.

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview the facility failed to ensure residents were treated with consideration and respect with due recognition of personal dignity and individuality and they responded to grievances and documented the resolutions for 3 of 13 sampled residents (#1, 6 and 9).

Findings:

1. The agency received information that indicated the facility had not responded to grievances and documented their resolution regarding stolen items.

Review of the Grievance log revealed there was no documentation of a grievance that indicated that resident #1 had depends (briefs) and jeans missing.

In an interview with the administrator on / / at approximately 2:30 PM who stated resident #1's family member had complained about a pair of jeans and briefs missing and accused someone of selling the briefs. She did not document all of the family member's complaints and their resolutions.

2. During resident interviews on / it was revealed that resident #6 and resident #9 were assigned a table along with 3 other residents for meals. There was one resident who was assigned to the table that had 4 of the residents that had complained to the Administrator about and did not want to continue to eat meals with her and the administrator did nothing to resolve the issue.
Review of the Grievance Log revealed there was nothing documented regarding the residents complaint.

During an interview the administrator on at approximately 3 PM, she was informed that there was a table that had five residents assigned to it for meals. Four of the residents did not want one of the residents at their table and had reported it to her and the reasons why. The administrator stated at the time it was reported to her, they did complain about the additional resident and they did not want her at their table. She stated it had not been resolved. Nor did she document this in the Grievance log. She did not write down every concern that the resident's or families expressed if she could take care of it. She further stated the residents told her that the resident who they did not want at their table was negative.

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She stated she was working on a way to remove the resident from their table without hurting her feelings The Administrator stated she did not feel it was a big issue to her.

During an interview with Resident #6 on at approximately 3:30 PM she stated the resident was negative and when she would sit to the table with the four of them and start taking she would bring them down. She stated when just the four of them used to sit at the table they used to joke and enjoy each other while they had their meals. She stated when the additional resident was placed at their table it all changed about 6 months ago. They would just try to ignore her. It was not pleasant. Sometimes they would have to tell her to stop saying some of the things she would say to them. She stated they did not like eating meals with her. They told the administrator about it and nothing was done. She told them she was working on in and the resident remained at the table for a couple of months after it was reported. She did not say anything else about it after she complained the first time.

During an Interview with Resident #9 at the time she also stated the resident was always negative, they would try to ignore her sometimes. With all of her negative conversation it would just bring them down. She wanted her removed from the table. It was reported and the resident remained at the table.

Class III

0053 Medication - Administration

Based on observation and interview the facility failed to ensure the licensed nurse followed the proper procedure when he administered medications to 1 of 13 sampled residents (#5).

Findings:

Observation on at approximately 6:40 AM revealed the licensed nurse was administering medications to resident #5 on the first floor. He stated he had several more residents to give medications to on the first floor and did not bring the second medication cart downstairs, as it is hard to push two med carts and it was more convenient to put the downstairs resident's medications in cups and label the cups, while at the upstairs medication cart and bring the medications downstairs. There were five labeled souffle' cups with medications in them observed on the downstairs medication cart.

The licensed nurse did not follow the proper procedure when administering medications and pre-poured medications for five residents.

In an interview with the Director of Nursing and the administrator on / / at approximately 3 PM who were not aware the nurse was not following the proper procedure when assisting with medications.

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Class III

0055 Medication - Storage and Disposal

Based on observation 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.

Findings:

Observation on / at approximately 8:30 AM revealed the door to the nursing office was unlocked and there was an unlocked refrigerator that contained 2 Hospice Comfort Packs that contained , one box of Lantus (pens) and two boxes of Lanatoprost eye drops (for). The medications were not secured, the facility had residents, who were ambulatory and had access to the medications.

In an interview with the director of nursing on at approximately 2:30 PM who stated the refrigerator had a lock on it and it should have been locked.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015005113 w/ECC/LNS

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 attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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