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 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 , 2016.** 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 me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure
XG90

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| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964582 | 11/24/2015 |
| 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 licensure survey was conducted at Creekside Senior Village from I/ to I/ . Deficient practice was found at the time of the survey.

**0008 Admissions - Health Assessment**

Based on observation of medication pass and staff interview the facility failed have a complete Resident Health Assessment for Assisted Living Facilities (1823) to indicate the type of assistance required for medications for 1 of 3 reviewed for medication pass (# 9).

The findings are:
Resident # 9 was observed being assisted with medications on I/ about 12:25 pm. Unlicensed personnel Employee D assisted the resident with her medication DR 24,000 units two capsules by mouth three times daily. A review of the resident's 1823 indicates a medical history of I, I, and chronic pain of shoulder and back. The 1823 was completed on by the health care provider. Further review on page 4 B failed to have an indication of the type of assistance the resident needs with medications. B . Does the individual need help with taking his or her medications ? yes___ , no___ is blank. If yes please place a checkmark in front of the appropriate box below which was also blank.

Employee D was interviewed on I/ about 12:25 pm. She confirmed the Section B is blank. The Memory Care Supervisor was interviewed on I/ about 2:45 pm. She also confirmed that section B is blank and stated that she is supposed to check every 1823 as they come in. She then stated," I had somebody checking after me. We missed it".

Class III

**E205 ECC - Health Assessment**

Based on staff interview and clinical record review the facility failed to complete a Resident Health Assessment for Assisted Living Facilities (1823) before extended congregate care (ECC) was provided for 1 of 4 residents reviewed (#3).

The findings are:

Resident #3 was identified on entry to the facility as a resident receiving extended congregate care. A review of her clinical record reveals she was admitted to ECC services on I/ due to increased need

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| NAME OF PROVIDER OR SUPPLIER **CREEKSIDE SENIOR VILLAGE** | STREET ADDRESS, CITY, STATE, ZIP CODE **9015 UNIVERSITY PARKWAY PENSACOLA, FL 32514** | |

SUMMARY STATEMENT OF DEFICIENCIES
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for care in activities of daily living due to a of her left wrist. A review of the 1823 revealed it was completed on / .

An interview was conducted with the Memory Care Supervisor on / about 3:40 pm. She was asked about the process for admitting residents into ECC and she said first a need is determined, then you get a doctor's order, then complete a 1823. She was asked about the 1823 for Resident #3. She stated, "You are right the 1823 should have been done before starting ECC services." She confirmed the current 1823 is dated .

Class III