STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967456	11/18/2015
NAME OF PROVIDER OR SUPPLIER **SILVER CREEK ASSISTED LIVING ST CLOUD**	STREET ADDRESS, CITY, STATE, ZIP CODE **2910 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34772**	

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

0000 Initial Comments

On I/ a biennial re-licensure survey was conducted at Silver Creek Assisted Living St Cloud. Deficient practice was identified during the survey.

0078 Staffing Standards - Staff

Based on observations, record review and interviews the facility failed to ensure that all staff were assigned duties consistent with his/her level of education, training, preparation, and experience and allowed unlicensed staff to conduct sugar testing and exercise judgment as to how much medication was needed for 2 of 3 sampled residents.

Findings:

1. Observations on I/ at 9:30 AM noted staff E conducted a sugar finger test to Resident #3. He stated "She hurts me every day."

In an interview with Staff E on I/ at 9:30 AM, who stated she was not a nurse.

In an interview with Resident #3 on I/ / at 11 AM who stated the staff help with everything he needed help with including his medications and added "She checks my sugar every day. Like today. They give me all my pills in a cup, not like you saw today. They don't tell me what I' m taking."

2. In an interview with Resident #2 on I/ at 11:30 AM who stated "I broke this arm some time ago I wear this brace every day. The ladies help me to put it on, I can take it off myself."

Resident record review for Resident #2 revealed healthcare provider's order dated I/ / that indicated 25 milligrams take 1/2 tablet if ( ) was higher than . A nurse's note dated I/ indicated that the assisted living staff would monitor twice daily prior to giving the . A nurse's note dated indicated that the facility staff would continue to monitor and hold if was less than . The health assessment report 1823 was dated and indicated diagnoses of left hip replacement, memory loss and . Assistance was needed with self-administration of medications.

The 2015 Medication Observation Record (MOR) listed 12.5 milligrams take 1 tablet by mouth every 12 hours at 8 AM and 8 PM and was marked/indicated given from the entire month. The MOR listed , 50 mg take one table every 8 hours at 6 AM, 2 PM & 10 PM. The back page of the MOR indicated , was held on 10/1 @ PM- = , 10/2 @ 2 PM- = , 10/3 @ 2 PM- = , 10/5 @ 6 AM- = / and @ 10 PM- = .

The 2015 daily log noted that the resident's was taken twice daily by the facility's unlicensed staff. The was held on 11/8 @ 10 PM, the was . I/ @10 PM, the was .

Record review for Resident #3 revealed a sugar log that indicated his sugars were tested every morning. The health assessment report 1823 dated listed diagnoses of , high , and overactive . He needed assistance with self-administration of

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medications.
In an interview on / at 4 PM with the Administrator, who stated she was not aware that unlicensed staff could not take , before a medication was given. She was not aware that the conducted the sugar test for resident #3, she thought they assisted. She added the facility did not have a nurse on staff or by contract. There were times when a home health nurse came to see a resident at the facility.
Class III

0079 Staffing Standards - Levels

Based on facility record review and interview the facility failed to ensure that a written work schedule which reflected a 24-hour staffing pattern for a given time period was maintained.
Findings:
Review of the staff schedule revealed the staff schedule was a calendar like schedule that indicated staff names and shifts assigned to work. Continued review revealed the schedule was not dated; the month and dates were not indicated.
In an interview on / at 3:30 PM with the Administrator, who stated she overlooked the schedule, did not realized it should be dated.
Class III

0083 Training - First Aid and

Based on personnel record review and interview the facility failed to ensure that 4 of 4 sample staff had First Aid certification offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health (#A, B, C, and D).
Findings:
Personnel record review for Staff A, B, C, and D revealed a Fist Aid and training dated from an internet training site.
In an interview with the Administrator on / at 4:15 PM who stated she did not know that on line (Internet) training was not accepted by the Agency.
Class III

0093 Food Service - Dietary Standards

Based on observations, record review and interview the facility failed to ensure that menus were dated for the week in use and maintained on file for 6 months.
Findings:
Observations during the facility tour on / / at 8:45 AM noted the menu was week 3 of a 4-week

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cycle menu. The menu posted indicated the lunch to be served was lasagna with beef & cheese, broccoli, mixed salad, ice cream and/or sugar free ice cream.
In an interview on / at 11:45 AM with the Administrator, who stated the menu posted was the menu to be used for the week. She added the menus were a 4-week cycle that rotated weekly, she did not date them for the week in use, they were just used over and over again.
Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observations and interviews the facility failed to provide and maintain a home-like and decent environment in which to provide for the safe care for 10 of 10 residents.
Findings:
Observations during the facility tour on / at 8:45 AM noted a large spot on the right side ceiling in the living /common. There were 2 other similar spots on the ceiling, by the ceiling fan. The residents congregated in that area to watch TV and socialize.
Continued observation noted the carpets by the ´Resident #1, Resident #6 and the living multiple dark spots. There were dark tracks from the the ´resident #6.
In an interview with the Administrator on / / at 11 AM, who stated there had been a leak in the living , the damage was repaired but not painted. Now it would need to be repaired and painted. As for the carpets, resident #1 used his scooter and left dirt tracks. She verbalized the carpets needed cleaning and would make the owner aware.
Class III

0162 Records - Resident

Based on observations, record review and interview the facility failed to ensure that 1 of 2 sampled resident records (#2) contained all the required components that included an admission weight and weights taken every 6 months thereafter.

Findings:

Record review for Resident #2 revealed a health assessment report 1823 was dated and indicated diagnoses of left hip replacement, memory loss and . Assistance was needed with self-administration of medications. She needed assistance with ambulation, and supervision with bathing. Her weight was not indicated on the health assessment. The review revealed no evidence to confirm a weight record was initiated at admission and recorded every 6 months (due / ,).

In an interview on / at 3:30 PM with the Administrator, who stated the resident's weights were

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taken but the staff did not write them on the log, but on a piece of paper and the paper was misplaced.

Class III

0167 Resident Contracts

Based on record review and interview the facility failed to ensure that 2 of 2 sampled residents (#1 & #2) contracts contained all the required components.
Findings:
Resident record review for Residents #1 and 2 revealed the contracts did not contain a provision that indicated the residents must be assessed upon admission pursuant to subsection 58 A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change.
In an interview with the Administrator on / at 3 PM, she stated the information on the contract was overlooked.
Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Silver Creek Assisted Living St Cloud
2910 Old Canoe Creek Road
Saint Cloud, FL 34772

RE: Relicensure

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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com

XG90

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