RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
The Waterford At Carpenter's Creek
5918 North Davis Highway
Pensacola, FL 32503

RE: CCR #2016003047 and 2016003516

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was completed on , 2016 by a representative 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. Should you have any questions please call me at 850-412-4540.

Sincerely,

Kristi Comm RNC

FOR Donah Heiberg, M.S.W.
Field Office Manager

DH/kc
Enclosure

XG90

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910470	**06/08/2016**
NAME OF PROVIDER OR SUPPLIER **THE WATERFORD AT CARPENTER'S CREEK**	STREET ADDRESS, CITY, STATE, ZIP CODE **5918 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503**	

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

0000 Initial Comments

CCR 2016003047

An unannounced complaint survey for CCR 2016003047 was conducted at The Waterford at Carpenter's Creek license number 7222 on . Deficient practice was found at the time of the survey.

N277 LNS - Resident Care Standards

Based on resident and staff interview, and record review the facility failed to have licensed staff available to provide care for 1 of 2 residents (#2) requiring application of continuous positive airway pressure (CPAP) during the night shift.

The findings are:
On at 10:22 am an interview with the administrator revealed that CPAP application required licensed staff to put on the CPAP for those residents who require them at bedtime. The facility had licensed staff available from 6 am to 10 pm at night. She stated that a licensed staff person would apply the CPAP mask when the resident was ready to go to bed. She then said that when Resident #2 was getting up to go to the the night there would be no one to put the mask back on and we resolved the issue by giving him a urinal and a bedside commode chair.
Record review of limited nursing services (LNS) book revealed Resident #2 was on CPAP since . The order was to put the mask on at bedtime. Further record review revealed that Resident #2 had a diagnosis from a neurologist with sleep (stops breathing during sleep) since 2010. The resident also had Parkinson's . A search at www.mayoclinic.org revealed that Parkinson's is " a progressive of the nervous system that affects movement. Tremors are a well known sign of Parkinson's." The monthly LNS nursing assessment dated indicated that despite commode at bedside resident occasionally removed CPAP mask at night and that staff continued to educate resident to use the bedside commode to avoid removal of the mask. This assessment was signed by the Registered nurse (RN) Director of Nursing (DON)
An interview was conducted with Resident #2 on at 11:10 am. He stated that the nursing staff put the CPAP mask on him at bedtime but stated that if he needed to use the he needed his pain medication and had to remove the mask, there was no one to put the mask back on because the licensed staff would leave at 9 or 10 pm and there were only caregivers who couldn't put the mask back on.
A request was made for the pain medication sign out sheet that revealed the resident had required pain medications on the night shift on at 1 am; at 5 am, and on at 3 am.

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

An interview was conducted with the Administrator and the DON on at 2:18 pm. The administrator stated that she is a licensed nurse as well as the administrator and she is on call 24/7. She then stated, "We found out that resident #2 was having problems about 3 months ago on night shift by questioning the night shift staff. They told us if he needed to get up to go to the could not put the mask back on." She was then asked what would be done for resident when he requested pain medications during the night shift. She stated that it would require the mask to be removed. The administrator then stated, "No, we have not had any calls during the night. I am disappointed in my staff for not calling me to come in. I live about 5 minutes away. I am on call 24/7 and I could have come in and put it back on . I am a licensed nurse."
Class III