RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

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

Sincerely,

Kristi Combs 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	07/14/2016
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

An unannounced change of ownership survey with limited nursing services (LNS) in conjunction with a follow-up for CCR 2016003047 was conducted at The Waterford at Carpenters Creek, License # 7222, from to . Deficient practice was found at the time of the survey for the change of ownership.

0093 Food Service - Dietary Standards

Based on staff interview and record review the facility failed to have signed menus by a registered dietician or licensed nutritionist indicating a review of the facility regular and therapeutic menus in the facility files.

The findings are:

A review of the facility menus failed to have a signature with date of review by a dietician or nutritionist. The signature and date line were blank on all the menus. An interview was conducted with the Director of Dining Services on at 8:31 am. He stated, "We do not currently have signed menus by the dietician."

Class III

Z814 Background Screening Clearinghouse

Based on interview and record review, the facility failed to ensure that staff were registered with the clearinghouse and had criminal history checks prior to referring an employee for electronic fingerprint submission for 1 of 4 sampled employees, (C).

The findings:

A record review of the roster for the background screening clearing house was compared with the facility roster of all employees and staff interviewed. Staff C was not listed on the clearinghouse roster.

An interview with the Executive Director (ED) was conducted on at 2:21 PM. The ED stated, "We noticed that staff C didn't have a completed background screen. We ordered the final report today and it said that she's not eligible to be an employee. She lied on her application saying she'd never been . Based on the report, we terminated her effective immediately. She's been here since 18th." The ED confirmed that staff C was not on the roster for the clearinghouse.

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	AL11910470	**07/14/2016**
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)

Staff C's employee file was reviewed. The hire date was listed as , 2016. The level 2 background screen dated stated she was "Not Eligible" for employment based on disqualifying offenses.

Unclassified

Z815 Backaround Screenina: Prohibited Offenses

Based on observation, interview and record review, the facility failed to ensure that facility staff had an eligibility verification for a level 2 background screen for 1 of 4 employees, (C).

The findings:

An interview with staff C, a personal care assistant, was conducted on at 10:37 AM. The employee was wearing scrubs and had a name badge for the facility on. She stated that she had been an employee for a few months.

An interview with the Executive Director (ED) on at 2:21 PM was conducted. The ED stated, "We noticed that staff C didn't have a completed background screen. We ordered the final report today and it said that she's not eligible to be an employee. She lied on her application. Based on the report, we terminated her effective immediately. She's been here since ."

Staff C's employee file was reviewed. The hire date was listed as , 2016. The level 2 background screen dated stated she was "Not Eligible" for employment based on disqualifying offenses.

Unclassified