RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
The Waterford At Creekside
9015 University Parkway
Pensacola, FL 32514

Dear Administrator:

This letter reports the findings of a state licensure change of ownership survey with specialty Extended Congregate Care licensure that was completed 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 Comp RWC

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
	AL11964582	07/12/2016
NAME OF PROVIDER OR SUPPLIER **THE WATERFORD AT CREEKSIDE**	STREET ADDRESS, CITY, STATE, ZIP CODE **9015 UNIVERSITY PARKWAY PENSACOLA, FL 32514**	

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

0000 Initial Comments

An unannounced change of ownership (CHOW) survey with extended congregate care (ECC) was conducted at The Waterford at Creekside license #9068 assisted living facility. Deficient practice was found at the time of the survey.

0030 Resident Care - Rights & Facility Procedures

Based on observation of breakfast meal the facility failed to provide the meal service in a sanitary manner for 1 of 2 meals observed in 2 cottages (breakfast in cottage 2).

The findings are:

On / breakfast was observed being cooked in Cottage 2 at 7:55 am by unlicensed staff, resident care assistant employee E, who was observed to be wearing gloves. At 8:03 am employee E was observed to assist Resident #4 to put his shoes on , fold the blanket he had over him using the same gloves she wore while cooking. She then touched Resident #1 on the shoulder to wake him up. She immediately went to the kitchen and started serving food from the stove without changing her gloves or washing her hands.
An interview was conducted with Employee E on at 8:21 am. She was asked how often hands should be washed when serving food. She stated, "I would wash my hand every time I switch something, or touch something."
Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to ensure that expired medications were removed from the medication cart and storage for 1 of 1 residents, #11.

The findings:

The medication storage area for resident #11 was observed on / at 3:51 PM. There were 450 pills of that expired on and 360 pills of that expired on /. In resident #11's medication drawer of the medication cart, there were 12 pills that expired on /, 79 pills that expired on /, and 29 pills of that expired on /. (Photographic evidence obtained)

An interview was conducted with staff C, a medication technician, on / at 3:56 PM who

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confirmed that the medications were expired.

An observation was made of the medication storage area and medication cart with the Director of Nursing (DON) on at 12:50 PM. All expired medications identified on / were still present. The DON confirmed that the medications were expired and stated that they should have been removed.

Class III

0075 Use of Personnel: Emergency Care ( )

Based on observation and interview, the facility failed to ensure that a functioning automated external defibrillator ( ) was available.

The findings:

The Executive Director (ED) brought the from her office on / at 2:50 PM. She stated that was used yesterday afternoon. The was observed to have used pads and no battery. The ED confirmed that the pads attached to the were used on a resident the day before and that the battery was missing. The ED stated that they facility only had one and that it had been non-functioning since its use the day before.

Class III

0093 Food Service - Dietary Standards

Based on observation, interview, and record review, the facility failed to ensure that doctor's orders for a therapeutic diet, specifically thickened liquids, was followed for 1 of 4 residents sampled, # 12.

The findings:

An observation was made of the medication pass for resident #12 on / at 12:05 PM. The resident was handed a pill cup by staff D, a certified nursing assistant. Staff D walked to the sink and ran tap water into a cup and then handed the cup to the resident. The resident swallowed the medication and then the water.

A record review was conducted. A physician order dated stated that the resident is supposed to

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have "all fluids to nectar thick consistency."

An interview with staff D was conducted on / at 12:15 PM. She stated, "I forgot about that. I didn't give him thickened liquids."

Class III

E207 ECC - Services

Based on interview and record review, the facility failed to follow physician orders for extended congregate care (ECC) for 2 of 3 residents sampled specifically for flushing a , #7 and failed to provide ECC services for continuous positive airway pressure application by licensed staff for #4.

The findings:

A review of resident #7's medical chart was reviewed. An order written dated stated, "Irrigate with 60 ml (milliliters) of 5% acetic solution every other day. The medication observation record (MOR) was reviewed for 2016. There were no entries matching the order. There was an entry that stated, "Irrigate with 60 ml normal every other day," but there was no order in the medical record for this entry. Per the MOR, normal flushes were given 4 times for the month of instead of acetic flushes.

An interview was conducted on at 12:20 PM with the registered nurse RN Memory Care Supervisor. She reviewed the medical record and stated, "I don't see any other order than for the acetic ."

An interview was conducted with the wife of Resident #4 on / at 11:24 am. She says her husband has used a CPAP (continuous positive airway pressure) for years. He now needs assistance with the machine for bedtime. She then stated, "I am not sure who assists with it. Sometimes I wonder if they know what they are doing".
A review of Resident #4 clinical chart shows the resident's Resident Health Care Assessment for Assisted Living Facilities (1823) signed by his health care provider indicates he has and needs assistance with all activities of daily living. ECC progress notes indicated Licensed Practical Nurse (LPN) was to apply bi- at bedtime and remove upon awakening.
An interview was conducted with unlicensed staff, resident care assistant Employee F, on / at 3:52 pm . He was asked the type of assistance Resident #4 needed. He stated, "I put his CPAP, the mask on his face, at bedtime around 8 pm to 8 :30 pm. He tries to put it on but he forgets how to put it

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on."
On / at 4:14 pm an interview was conducted with the registered nurse (RN) Memory Care Supervisor. She was asked about the CPAP. She stated, "Licensed staff are responsible for the CPAP. Licensed staff should put it on at bedtime." She called for the LPN on for the evening shift responsible for the care of Resident #4. She stated, "No I have not been putting on his CPAP at night."
Class III