STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11966273 Y1	A. Building B. Wing Y2	Y2

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR CREEK LIFE CENTER	4279 JUDITH AVE MERRITT ISLAND, FL 32953

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0008 Reg. # 429.26(4-6) FS; 58A-5.0181(2) FAC LSC	Correction Completed	ID Prefix A0055 Reg. # 58A-5.0185(6) FAC LSC	Correction Completed	ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed
ID Prefix A0085 Reg. # 58A-5.0191(6) FAC LSC	Correction Completed	ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	Correction Completed	ID Prefix A0161 Reg. # 429.275(2) FS; 58A-5.024(2) FAC LSC	Correction Completed
ID Prefix AN277 Reg. # 58A-5.031(2) FAC LSC	Correction Completed	ID Prefix AN278 Reg. # 58A-5.031(3) FAC LSC	Correction Completed	ID Prefix AZ813 Reg. # 59A-35.090(3)(c), FAC LSC	Correction Completed
ID Prefix AZ814 Reg. # 435.12(2)(b-d), FS LSC	Correction Completed	ID Prefix AZ815 Reg. # 408 809, 435.02(2), 435.06 LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE 7/20/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
6/21/2016	

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966273	R
NAME OF PROVIDER OR SUPPLIER **CEDAR CREEK LIFE CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **4279 JUDITH AVE** **MERRITT ISLAND, FL 32953**	

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

0000 Initial Comments

A follow-up visit to a re-licensure survey with Extended Congregate Care and Limited Nursing Services was conducted at Cedar Creek license #10541 on . Cedar Creek Life Center had deficiencies at the time of the survey.

0086 Training - ADRD

A0086 - Deficiency Remained Uncorrected

Based on personnel record review and interview the facility maintained a secure area and provided special care for persons with and related (ADRD); did not have evidence that 1 of 4 sampled staff (B) who had regular contact with or provided direct care to residents with ADRD, had obtain 4 hours of initial training within 3 months of employment and 4 hours of additional training within 9 months of employment.
Findings:
Personnel record review for staff B hired revealed there was no evidence to confirm she had obtained the hours of initial training and Related Level I and Level II Training.
During an interview with the business office manager, on at 12:30 PM who stated she believed staff B had taken the Level I and Level II ADRD training, but she was hired in 2007 and she needed time to locate the certificates.
The opportunity was provided to the facility to locate the certificates of training for staff B and submit to the Agency representative by the end of business closing on / /.
An e mail was received on 6:29 PM that included a certificate dated regarding and Related Level I and Level II Training, however the certificate did not contain the credentials of the trainer. There was no evidence the trainer was an approved trainer.
During an interview with the administrator, on at 10:30 AM who stated the business office manager was out of the building but she would look for the certificates or evidence the trainer was an approved trainer.
During an interview with the administrator, on / / at 1:15 PM who stated she was unable to locate the certificates.
Class III

0167 Resident Contracts

/ / Revisit conducted. Deficiency A- 167 remained uncorrected
Based on record review and interview, the facility failed to ensure resident contracts had all required

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966273	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR CREEK LIFE CENTER	**4279 JUDITH AVE** **MERRITT ISLAND, FL 32953**

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

information for 3 of 3 resident contracts reviewed (#1, #4 & #16).
Findings:
Review of the contracts for resident #1, resident #4 and resident #16 revealed the contracts did not contain the following required information: 1. a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule; 2. if after a contract is terminated the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond [Section 429.24(3) Florida Statute]; 3. a list of services and costs for Extended Congregate Care (ECC) services.

The contract for resident #16 did not contain the costs for Limited Nursing Services (LNS.)

On / / at 1:15 PM, the executive director confirmed the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Cedar Creek Life Center
4279 Judith Ave
Merritt Island, FL 32953

RE: Revisit to Relicensure survey w/ECC & LNS

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 15, 2016, by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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 this office at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

BBT7

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