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 revisit survey conducted on , 2016 by representatives 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 surveyors. Should you have any questions please call this office at 850-412-4540.

Sincerely,

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

DH/kc
Enclosure

BBT7

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964582	R 08/25/2016
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 revisit survey to the biannual survey that was completed on / was conducted at The Waterford at Creekside on . Deficiencies were not corrected at the time of the revisit.

0030 Resident Care - Rights & Facility Procedures

Based on observation of the breakfast meal and staff interview the facility failed to provide meal service in a sanitary manner for 1 of 2 meals observed in 2 different cottages (cottage 3) and failed to provide appropriate utensils for the breakfast meal in cottage 2.

The findings are:

On from 7:40 AM to 8 AM in Cottage 3, Staff B was observed wearing gloves and adjusting bib on Resident #7 then served the resident breakfast without washing hands or changing gloves, staff then adjusted clothes on Resident #8 then served the breakfast plate to the resident. Staff member then removed the blanket on #9 and touched her arms and hands then proceeded to serve the resident breakfast meal without changing gloves. At one point she touched the face of #10 then changed her gloves. Interview with staff B on at 7:59 AM confirmed she had only change her glove the one time.
Observation in Cottage 2 from 8:05 AM to 8:40 AM, the residents had the use of either a spoon or fork but not both. Resident #11 was eating grits with a fork and spilling the grits on himself because it was dripping through the prongs of the fork. Ask Staff D on at 8:30 AM why only one utensil was being provided for each resident, she indicated the residents will only use the ones we give them. We have tried both and they refuse to use, so we give them the ones they normally use. Resident #11 was given a spoon at approximately 8:35 AM and did not spill the grits.
Class III

0055 Medication - Storage and Disposal

Based on observation and staff interview the facility failed to ensure that medications were disposed of within 30 days of being used.

The findings are:

Upon inspection on at 10:15 AM with the Executive Director (ED) the lock box was inspected.
Resident #12 had 7 tablets of an medication that had last been used on that had not

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THE WATERFORD AT CREEKSIDE	9015 UNIVERSITY PARKWAY PENSACOLA, FL 32514

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been disposed of or destroyed.
Resident #13 had 11 tablets of pain medication last used on that had not been disposed of or destroyed.
Resident #14 had 5 pain patches last used / , 2 bottles of liquid pain medication not used since , 54 tablets of an medication that has not been used since / and 74 tablets of a pain medication not used since end of 2016 that had not been disposed of or destroyed.
The Executive Director on at approximately 10:25 AM agreed the medication should be disposed of by now and are disposed of every month.

Class III

0058 Pharmacy & Dietary: Uncorrected Deficiencies

Based on record review, observation and staff interview the facility failed to ensure that medications were disposed of within 30 days of being used and the facility provided thickened liquid to 2 of 14 resident (#4 and 5) who had no order for the thickened liquids.

The findings are:

Upon inspection on at 10:15 AM with the Executive Director (ED) the lock box was inspected.
Resident #12 had 7 tablets of an medication that had last been used on that had not been disposed of or destroyed.
Resident #13 had 11 tablets of pain medication last used on that had not been disposed of or destroyed.
Resident #14 had 5 pain patches last used / , 2 bottles of liquid pain medication not used since , 54 tablets of an medication that has not been used since and 74 tablets of a pain medication not used since end of 2016 that had not been disposed of or destroyed.
The Executive Director on at approximately 10:25 AM agreed the medication should be disposed of by now and are disposed of every month.

Observation on at 8:05 AM of the breakfast meal in Cottage 2. Staff C was thickening liquid for resident #4 and #5.
Review of Resident #4 Resident Health Assessment form 1823 dated indicated he was on a regular diet with no mention of thickened liquids.
Review of Resident #5 Resident Health Assessment form 1823 dated / indicated he was on a regular diet with no mention of thickened liquids.
Interview with staff C on at 9:15 AM, how she knew they were on thickened liquids. She

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indicated she was told when the residents were transferred from another cottage a few months ago and indicated there was no list to identify residents on thickened liquids.
Interview on at 9:40 AM with Staff E during medication pass for resident #5, rrevealed that the resident was not on thickened liquids. Staff stated that the resident did not have an order for thickened liquids as it would be noted at the top of the Medication Observation Record.

Class III

0093 Food Service - Dietary Standards

Based on observation, record review and staff interview the facility failed to provide a diet that had specific ordered for thickened liquids for 2 of 14 residents in Cottage 2 (#4 and 5).

Th findings are:

Observation on at 8:05 AM of the breakfast meal in Cottage 2. Staff C was thickening liquid for resident #4 and #5.
Review of Resident #4 Resident Health Assessment form 1823 dated indicated he was on a regular diet with no mention of thickened liquids.
Review of Resident #5 Resident Health Assessment form 1823 dated / indicated he was on a regular diet with no mention of thickened liquids.
Interview with staff C on at 9:15 AM, how she knew they were on thickened liquids. She indicated she was told when the residents were transferred from another cottage a few months ago and indicated there was no list to identify residents on thickened liquids.
Interview on at 9:40 AM with Staff E during medication pass for resident #5, rrevealed that the resident was not on thickened liquids. Staff stated that the resident did not have an order for thickened liquids as it would be noted at the top of the Medication Observation Record.

Class III

E207 ECC - Services

Based on record review and staff interview the facility failed to ensure physician's orders were followed on 1 of 3 residents receiving Extended Congregate Care (ECC).

The findings are:

Resident #3 had signed physician orders dated / for ECC for ADL's (Activity of Daily Living) and

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care weekly and as needed (PRN).
Record review indicated the facility was documenting that ADL care was provided. There was no documentation that care was being provided.
Interview with staff G on at 12:35 PM stated only the nurse's complete her care, we call them when it needs to be changed.
Interview with staff F on at 12:50 PM agreed there was no documented evidence that care was being provided.

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER Y1	MULTIPLE CONSTRUCTION Y2	DATE OF REVISIT Y3
AL11964582	A. Building B. Wing	

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WATERFORD AT CREEKSIDE	9015 UNIVERSITY PARKWAY PENSACOLA, FL 32514

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 A0075 Reg. # 429.255(3-5) FS 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	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) KC	DATE 9-1-16	SIGNATURE OF SURVEYOR Kris Cone for Peg Bonnell	DATE 9-1-16
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
7/12/2016	

EVENT ID: DLW312

STATE FORM: REVISIT REPORT ( )