RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Cedar Creek
231 Nw Highway 19
Crystal River, FL 34428

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) of this office.

Enclosed 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(s). Should you have any questions please call Chuck Bory at 386-462-6201.

Sincerely,

Charles Bory for

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965899	**09/20/2016**
NAME OF PROVIDER OR SUPPLIER **CEDAR CREEK**	STREET ADDRESS, CITY, STATE, ZIP CODE **231 NW HIGHWAY 19 CRYSTAL RIVER, FL 34428**	

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

0000 Initial Comments

An unannounced Abbreviated Biennial Survey was conducted on / through at Cedar Creek Assisted Living Facility (facility license number 10230). Deficiencies were identified during the visit.

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the facility failed to ensure that unlicensed staff prepared the medication in the presence of the resident, and read the medication label to the resident, while assisting 1 of 5 residents (Resident #1) with self-administration of medication.

Findings:

During the medication observation on beginning at 8:10 AM, the Medication Technician put , , , , , and , in a medication cup. She was standing at the medication cart with her back to the resident, Resident #1. Resident #1 was seated behind the technician. The Medication Technician handed the medication cup with a water cup to the resident. There was no discussion of the medication or anything else. The names of medications were not stated to the resident.

During an interview with the facility Nurse, Director, and the Assistant Director, on /16 at approximately 3:30 PM , they confirmed the Medication Technician should have called out the medication names to the resident while assisting with self-administration of medications.

Class III

0053 Medication - Administration

Based on observation, record review and interview, the facility failed to ensure that a Licensed Practical (LPN) observed the resident taking their medications, during administration of medication for 1 of 5 residents (Resident #2).

Findings:

During the Medication Observation on beginning at 8:17 AM, the LPN, while standing at the medication cart, put , , , D and into a medication cup. She then took the cup over to where Resident #2 was sitting along the wall and put the cup down on the tray

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in front of the resident. Before the resident touched the cup, the LPN turned her back and walked back to the medication cart. She did not watch nor check to see if Resident #2 took her medication.

Review of the facility policy for Supervised and Administered Medications, page 10, it states "the caregiver has observed the resident has taken the medication".

During an interview with the LPN at approximately 8:30 AM, the LPN stated, "We do not call out the medication names, we have always done it this way. The resident know the colors,"referencing the pill colors are familiar to the residents, so they do not need to be told the medication names. She confirmed she did not watch Resident #2 take her medications.

During an interview with the facility Nurse, Director and the Assistant Director, on at approximately 3:30 PM , they confirmed the LPN should have observed the resident taking the medications.

Class III