RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2016 by representative(s) 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 , 2017.** 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 Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966273** | **12/14/2016** |
| 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**

An Extended Congregate Care (ECC) and Limited Nursing Services (LNS) monitoring visit was conducted on , 2016. Cedar Creek, license #10541 had deficiencies at the time of the visit.

**0078 - Staffing Standards - Staff - 58A-5.019(2) FAC**

Based on personnel record reviews and interviews, the facility failed to ensure that 1 of 3 personnel records (B) contained documented evidence of a negative ( ) examination on an annual basis and failed to ensure 1 of 4 sampled staff (D) provided a written statement from a health care provider that indicated freedom from communicable .

Findings:

1. Personnel record review for staff B, a resident assistant, revealed a chest x-ray completed in 2015. There was no documented evidence of a negative examination for 2016.

On / at 2:38 PM, the facility administrative assistant said she did not know a examination had to be completed on an annual basis. She said she thought the chest x-ray was sufficient for two years.

2. The administrator identified staff D, a physician's assistant, as the individual who completed the required documentation for the facility's Limited Nursing Services (LNS) and Extended Congregate Care (ECC) programs. There was no evidence staff D provided the facility with a statement from a health care provider that documented freedom from communicable .

On at 3:15 PM, the administrator confirmed the finding and said she did not know staff D required a statement that documented freedom from communicable .

Class III

**0090 - Training - - 58A-5.0191(11) FAC**

Based on personnel record review and interview the facility failed to have evidence that 1 of 4 sampled staff (A) received the required in-service training on the facility's policies and procedures regarding ( ) within 30 days of hire.

Findings:

Personnel record review for Staff A, a caregiver, revealed she was hired on . Continued review revealed a document dated that indicated the staff had received and reviewed the advance directives policies. There was no evidence to confirm Staff A received an in-service training regarding

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the facility's policies and procedures.
In an interview with the assistant administrator on / at 4 PM, who stated staff A was given the information to read, but not an in-service training.

Class III

**0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC**

Based on interviews and record reviews, the facility failed to maintain a personnel record for 1 of 4 (D) staff members.

Findings:

On / at 3:00 PM, the facility administrator identified staff D, a physician's assistant, as the individual who completed the required documentation for the facility's Limited Nursing Services (LNS) and Extended Congregate Care (ECC) programs. The administrator produced an undated contract between the facility and staff D that read staff D agreed to sign off on the Limited Nursing Services for the facility.

On at 3:15 PM, the administrator said the facility did not have a personnel record for staff D and said she did not know the facility was required to maintain a personnel record for staff D.

Class III

**N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC**

Based on record reviews and interview the facility did not make sure that nursing services were conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community for 2 of 2 sampled residents (#1 & #2), who received Limited Nursing Services (LNS,) was followed and allowed a Licensed Practical Nurse (LPN) to conduct nursing assessments.
Findings:
During the facility entrance on at 11:00 AM, residents #1 and #2 were identified as receiving LNS for
1. Record review for resident #1 revealed LNS assessments dated / , / , / . The assessments were conducted by a LPN and co-signed by a physician's assistant on / /
2. Record review for resident #2 revealed LNS assessments dated / and / . The assessments were conducted by a LPN and co-signed by a physician's assistant on /
On / / at 3:00 PM, the administrator confirmed a LPN conducted the assessments.
Class III

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**Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS**

Based on interviews and review of the Agency's Background Screening website (BGS,) the facility failed to ensure 1 of 4 staff (D,) who was in a role that required a background screening, did not have any disqualifying offenses and was allowed to work without a background screening.

Findings:
On / at 3:00 PM, the facility administrator identified staff D, a physician's assistant, as the individual who completed the required documentation for the facility's Limited Nursing Services (LNS) and Extended Congregate Care (ECC) programs. The administrator produced an undated contract between the facility and staff D that read staff D agreed to sign off on the Limited Nursing Services for the facility.

Review of the Agency's BGS website revealed that a BGS result was not available for staff D.
On / at 3:15 PM, the administrator confirmed staff D did not have a background screening conducted and said she did not know one was required.
Unclassified