STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967456	04/24/2018
NAME OF PROVIDER OR SUPPLIER **SILVER CREEK ASSISTED LIVING ST CLOUD**	STREET ADDRESS, CITY, STATE, ZIP CODE **2910 OLD CANOE CREEK ROAD** **SAINT CLOUD, FL 34772**	

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

0000 - Initial Comments

A monitoring visit was conducted on . . Silver Creek Assisted Living St. Cloud, License #11478, had deficiencies at the time of the visit.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record review, observation and interview, the facility did not ensure 1 of 2 sampled residents met the minimum admission criteria upon admission to the facility and admitted a resident who needed total care with all the activities of daily living (#6).

Findings:

On at 10 AM, resident #6 was in a wheelchair eating lunch. She was

Resident record review revealed an admission date of . The health assessment report 1823 dated listed diagnoses of 's , reflected that she needed total care with ambulation, bathing, dressing, , toileting, transferring, and assistance with eating. Her diet was regular with cut up food.

On at 1:30 PM, staff B said the resident was not able to do anything on her own and was not able to help. She needed total care including transferring.

On at 1:30 PM, staff B attempted to transfer the resident from the wheelchair to bed. The resident was not an active participant. She was unable to shift her weight on the chair and pivot. The staff placed her in the bed, the resident moaned. The staff proceeded to undress her to change her adult brief.

On at 2:30 PM, the administrator confirmed the resident needed total care which exceeded standard assisted living residency criteria.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observations, the facility failed to ensure unlicensed staff (A) who assisted 1 resident (#7) with self-administration of medications followed the correct procedure.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967456	**04/24/2018**
NAME OF PROVIDER OR SUPPLIER **SILVER CREEK ASSISTED LIVING ST CLOUD**	STREET ADDRESS, CITY, STATE, ZIP CODE **2910 OLD CANOE CREEK ROAD** **SAINT CLOUD, FL 34772**	

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

Findings:

On [redacted] at 8:50 AM, unlicensed staff A put pills in a cup. She said resident #7 did not want her to bring them to him and read the label, so she puts the pills in a cup and brings the cup to the resident. As she put each pill in the cup, for a total of 11 pills, she signed the Medication Observation Record (MOR). She took the cup to the resident and told him what the pill were. She observed him take the pills.

She did not take the pills in their originally dispensed container to the resident, did not read out aloud the label to the resident, and did not sign the MOR after the resident took the medications.

On at 2 PM, the administrator offered no comment.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview and record review, the facility failed to submit the Comprehensive Emergency Plan (CEMP) to the local emergency management for review and approval yearly.

Findings:

On at 11:30 AM, the administrator said she called the owner to see if he had a recent letter of approval. The last letter of approval of their CEMP was dated [redacted]. She added that the plan had not been submitted for review and approval since then.

Class III