STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966273	**11/19/2018**
NAME OF PROVIDER OR SUPPLIER **CEDAR CREEK**	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 Complaint investigation #2018013039 was conducted on . . . . . Cedar Creek Assisted Living, license #10541, had a deficiency at the time of the investigation.

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interviews, the facility failed to ensure that all resident rooms were maintained without damages or signs of disrepair.

Findings:

Observations during an interview with resident #1 revealed she was lying in a hospital bed. The bed was pulled out from the wall about 12 inches. The wall behind the of the bed had 2 large areas of peeling paint, exposing the drywall. The edges of the damaged areas were discolored. In addition, the paint adjacent to the area appeared to have scratches, peeling paint. (Photographic evidence obtained)

On at 10:45AM, the private caregiver stated the bed was pulled out from the wall to prevent it from harming the wall when it is raised and lowered. She said she had not told anyone about the damage and was not aware of when it occurred.

On at 1:30 PM, the administrator said he was not aware of the damage, but confirmed the chipped paint and exposed drywall based on the photograph obtained.

Class III