

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966273	(X3) DATE SURVEY COMPLETED 04/23/2019
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 Limited Nursing Service (LNS) monitoring visit was conducted at Cedar Creek Assisted Living Facility on Deficiencies were identified at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observations, record reviews, and interview, the facility failed to follow a health care provider's order for 1 of 4 sampled residents (#1).

Findings:

The facility holds a Limited Nursing Service (LNS) license.

On at 9:15 a.m. the administrator provided a listed of those residents who received a LNS and resident #1 received LNS for

At 10 a.m. resident #1 was sitting in his recliner with his closed. He did not wear on his but rather wore tubi-grip elastic bandages. Both of his contained 3+

His record revealed he was admitted to the facility on His current 1823 health assessment form, dated, indicated that he had a diagnoses of (ASHD,) and he required assistance with activities of daily living.

A health care provider's order, dated, indicated that he was to wear, apply to lower extremities on in am and off in pm.

At 12:30 p.m. the administrator said he spoke with the overnight nurse who applied the tubi-grips and she reported that he refused to wear the so she substituted them with the tubi-grips however, his record did not contain documentation to indicate he refused to wear the Additionally, the nurse signed the medication observation record at 6 a.m. on the day of the visit to indicate his were applied and she wrote a progress note that indicated his were on .

At 12:45 p.m. the director of nursing observed the resident and confirmed that he was not wearing, as prescribed and she called what he wore "glen sleeves."

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966273	(X3) DATE SURVEY COMPLETED 04/23/2019
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)		
Photographic evidence obtained. Class III 0078 - Staffing Standards - Staff - 58A-5.019(2) FAC Based on personnel record reviews and interview, the facility failed to ensure the personnel record for 1 of 4 sampled staff (C) contained documented evidence of a negative () exam on an annual basis. Findings: Caregiver C was hired on . Her personnel record contained an updated health care provider's written statement, dated , documenting freedom from communicable , including . The record did not contain documented evidence of a negative exam for 2019, as required. On at 1:50 p.m. the business office manager confirmed the findings. Photographic evidence obtained. Class III 0081 - Training - Staff In-Service - 58A-5.0191() FAC Based on personnel record reviews and interview, the facility failed to ensure that 2 of 4 sampled staff (A and B) received the required in-service training as described in 58A-5.0191() FAC. Findings: Caregiver A was hired on . Caregiver B was hired on . Neither personnel record contain documented evidence to indicate they were provided a preservice orientation of at least 2 hours prior to interacting with residents. Their record did not contain a statement, signed by the employee and administrator, indicating that they completed the orientation. There was no documentation to indicate either caregiver previously completed core training to exempt them from the requirement.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966273	(X3) DATE SURVEY COMPLETED 04/23/2019
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)		
Neither record contained documented evidence to indicate they received training on the facility's resident prevention policies and procedures. Caregiver B's record did not contain documented evidence to indicate she received training on the facility's control policies and procedures. There was no documentation to indicate she was either a home health aide or certified nursing assistance to exempt her from the requirement. On at 1:54 p.m. the business office manager confirmed the findings. Class III N278 - LNS - Records - 58A-5.031(3) FAC; 429.07 (3)(c)2, FS Based on record review and interviews, the facility failed to ensure nursing progress notes were maintained and a nursing assessment was conducted at least monthly for 1 of 4 sampled residents (#1) who received a Limited Nursing Service (LNS.) Findings: The facility holds a Limited Nursing Service (LNS) license. On at 9:15 a.m. the administrator provided a listed of those residents who received a LNS and resident #1 received LNS for . He said nurse D was with the facility to conduct monthly resident assessments for LNS. A health care provider's order, dated , indicated that he was to wear , apply to lower extremities on in am and off in pm. Review of his LNS nursing progress notes revealed that notes were not written on , and , as required. In addition, a monthly nursing assessment was not completed for . At 1:44 p.m. the director of nursing confirmed the findings and said perhaps the nurses just forgot to write the progress notes or perhaps an agency nurse was working. At 1 p.m. nurse D said she did not conduct a nursing assessment on resident #1 in because		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966273	(X3) DATE SURVEY COMPLETED 04/23/2019
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)		
the facility had a change in the nursing director and since she did not hear from anyone at the facility, she did not come to conduct the monthly LNS assessments. Photographic evidence obtained. Class III Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC Based on personnel record reviews, review of the Agency's background screening website and interview, the facility failed to maintain the current eligibility results of a background screening in the personnel record for 1 of 4 staff (C) who was in a role that required a background screening. Findings: Caregiver C was hired on Her personnel record contained an eligible background screen dated Review of the Agency's background screening website on at 12:22 p.m. revealed a more current eligible screening dated, which should have been in her file. At 1:59 p.m. the business office manager confirmed the findings. Photographic evidence obtained. Unclassified		