STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967714	01/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rockwell Seniors Inc	22198 Ensenada Wy Boca Raton, FL 33433	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Assisted Living Facility Relicensure survey was conducted on . Rockwell Seniors Inc. had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and interview, the facility failed to assess a resident after a significant change for 1 of 2 resident records reviewed (Resident #1). As evidenced by the resident being admitted to hospice and no evidence of an updated AHCA Form 1823 in record.

The findings include:

A review of Resident #1's file revealed she was admitted to the facility on her last and only AHCA Form 1823 was dated .

Record review of Resident #1's file revealed a Hospice admission note dated with a telephone referral from the physician dated and a start of care date of .

In an interview conducted on at 1:20 PM with the Administrator, she reviewed the file and confirmed that there was not an updated AHCA Form 1823, for this change in condition.

There was no evidence that the resident was reassessed by a physician after a significant change in her condition for continued appropriateness of placement.

CLASS III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967714	01/02/2014
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Rockwell Seniors Inc	22198 Ensenada Wy Boca Raton, FL 33433	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on interview and record review, the facility failed to ensure that an Administrator who supervises more than 1 facility appointed a "manager" who has completed the core training requirement.

The findings include:

In an interview conducted on at 9:20 AM with Staff B, she stated she is in charge of the facility when the Administrator is not at the facility and that she is the Assistant Administrator, she also confirmed that she is not core trained.

In an interview conducted with the Administrator on at 10:15 AM, she confirmed that she is the Administrator of record at 2 Assisted Living Facilities. She also stated that Staff B is the appointed Assistant Administrator, and is in charge when she is not at the facility.

A review of the AHCA Florida Health Finder, Provider search results revealed that the Administrator is the Administrator of record at 2 Assisted Living Facilities.

A review of the facility's documentation presented by the Administrator listing the food service designee and Administrator Designee, revealed that Staff B has been the Administrator Designee since

A review of Staff B's personnel record failed to reveal evidence of the core training or exam results verification.

In an interview conducted with the Administrator on at 1:10 PM, she confirmed that the Staff B has not completed the required core training.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967714	01/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rockwell Seniors Inc	22198 Ensenada Wy Boca Raton, FL 33433	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and an interview, the facility failed to ensure that 1 out of 3 sampled unlicensed staff members (Staff A) who provided assistance with self-administered medications had successfully completed medication training which met the training requirements pursuant to Section 429.52(5), F.S.

The findings include:

In an interview conducted on _____ at 11:15 AM with Staff A, she confirmed that she assist the residents with self- administration of medications.

A record review conducted of the Medication Observation Record for the month of _____ 2013, revealed that Staff A had signed the MOR on _____ and _____ for Residents #1, #2 and #4. Further review of the MOR for the month of _____ 2013 revealed that Staff A had signed the MOR for Resident #5 on _____ and _____.

In an interview conducted on _____ at 12:20 PM with Staff A, she confirmed that the initials on the MOR for _____ and _____ for Residents #1, #2 and #4 and for Resident #5 on _____ and _____ were hers.

Record review of staff A's personnel record, whose date of hire was _____, revealed staff A had not completed the initial required 4 hour training of "assisting with self- medications" by a registered nurse or licensed pharmacist. Record review revealed staff A was not a licensed nurse.

In an interview conducted on _____ at 12:35 PM with the Administrator, she acknowledged the findings

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Rockwell Seniors Inc
22198 Ensenada Wy
Boca Raton, FL 33433

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by a representative from 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 (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2014** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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