STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910121	01/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rocky Creek Village	**8606 Boulder Court Tampa, FL 33615**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D

Specific Tag Findings:

0000-Initial Comments

A complaint survey, CCR# 201400168, was conducted on , through .

The Rocky Creek Village, assisted living facility, had a deficiency at the time of the visit.

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on interview and record review, the assisted living facility failed to ensure that 1 of 3 sampled facility staff (employee A) received elopement policy and procedures in-service training within 30 days of employment.

Findings include:

On , an employee record review was completed on employee A. Employee A was hired on and no evidence was located in employee A personnel file that she received training on the assisted living facility's elopement policy and procedures manual.

On at 2:52 pm, an interview was completed with employee A. Employee A stated she did not have training regarding elopements since being hired by the assisted living facility.

On at 4:45 pm, an interview was completed with employee B. Employee B stated she was the in charge of arranging and providing in-service training to staff. Employee B stated elopement training is done once a year for all the staff and the last training was conducted . Employee B was unaware of the elopement in-service training timeframe stating, "you have to have it within 30 days?"

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Rocky Creek Village
8606 Boulder Court
Tampa, FL 33615

Dear Administrator:

Re: **CCR# 2014000168**

This letter reports the findings of a complaint survey that was conducted on 9-15, 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was 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. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul M Bonn

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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