

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910121	(X3) DATE SURVEY COMPLETED 07/08/2014
NAME OF PROVIDER OR SUPPLIER Rocky Creek Village	STREET ADDRESS, CITY, STATE, ZIP CODE 8606 Boulder Court Tampa, FL 33615	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2014006592, was conducted

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

0054-Medication - Records 58A-5.0185(5) FAC

Based on observation, interview and record review, the assisted living failed to insure that an accurate Medication Administration Record (MAR) was maintained by documenting administration of medication timely and failed to review the MAR for prescribed doses of medication prior to administering medication(including sliding scale) for 3 of 3 sampled residents (Resident #1, Resident #3 and Resident #14.)

Findings include:

- 1) Observations on at 11:30 AM found Employee A, a licensed practical nurse (LPN), did not check the against the resident MAR prior to administering the medication. Employee A recorded the glucose levels results on a piece of paper labeled "Resident Log Sheet", which is not a part of the resident record. The Resident Log Sheet also had the sliding scale coverage and type of resident #1, 2 and 14 should receive written on the sheet. Employee A used the handwritten log sheet instead of referring to the MAR. After preparing the for Resident #1, Resident #3 and Resident #14, Employee A did not sign the MAR or record the glucose level results immediately after administering the medications.
- 2) An interview was conducted with Employee A on at 11:50 AM. Employee A stated after checking all the resident glucose levels and administering coverage he would go back and sign the MAR and stated that is the procedure he follows when he administers medications.
- 3) Record review of Resident # 1, 3, and 14's Medication Administration Records (MARs) on at 11:55 AM revealed that Employee A had not signed off on the MAR after assisting residents (Resident #1, Resident #3 and Resident #14)with administration of medications at 11:30 AM.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Rocky Creek Village
8606 Boulder Court
Tampa, FL 33615

RE: CCR# 2014006592

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on 7-8, 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 this deficiency 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,

for 
Patricia Reid-Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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