STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967863	08/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rockwell Seniors, Inc II	5030 NW 44th Avenue Coconut Creek, FL 33073	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-08/04/2014
0026-Resident Care - Social & Leisure Activities-08/04/2014
0030-Resident Care - Rights & Facility Procedures-08/04/2014
0052-Medication - Assistance With Self-Admin-08/04/2014
0077-Staffing Standards - Administrator
0079-Staffing Standards - Levels-0E
0081-Training - Staff
0090-Training -
0093-Food Service - Dietary Standards-
0162-Records - Resident-C

Revisit New Tags:
0054-Medication - Records-58a-5.0185(5) Fac

Specific Tag Findings:

0000-Initial Comments
An unannounced follow-up to the licensure survey was conducted on 8/4/2014. Rockwell Seniors, Inc. II had an uncorrected deficiency found at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC
Based on interview and record review, the facility failed to update the Medication Observation Record (MOR) immediately after a medication is offered or administered for 1 out of 6 residents' (Resident # 7) medication records reviewed.

The findings include:

A record review of Resident # 7's MOR for the month of : 2014 on at 9:40 AM revealed Resident # 7 was receiving the following medications: 10 MEQ, 500 mg, 2.5 mg, 25 mcg, 325 mg, er 180 mg, 5 mg, 24 mcg, 6.25 mg, 20 mg, 25 mg, 20 mg, 20 mg, 50 mg, 10 gram, and 100 mg. Further record review of Resident # 7's MOR found no staff signature documented on Resident # 7 MOR for 50 mg medication offered at 8 PM from through Photgraphic image obtained.

At 9:50 AM, observations of Resident # 7's medication container revealed Resident # 7 had received the 50 mg medication, as evidenced by 3 pills missing from the container. (Photographic image obtained). In an interview conducted with Resident # 7 on at 10 AM, she revealed she had received the 50 mg medication at approximately 8 PM on aforementioned dates and on a daily basis.

During an interview on at 10:05 AM, the Administrator was informed of the process for maintaining a daily MOR and acknowledged the error of staff not updating the MOR after offering a medication.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Rockwell Seniors, Inc II
5030 NW 44th Avenue
Coconut Creek, FL 33073

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on
: 4, 2014 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit. **All deficiencies shall be corrected no later than , 2014.**

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

YOSF

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