STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910121	10/27/2014
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 - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders 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

Assisted Living Facility

Two complaint surveys, CCR# 2014007606 & CCR# 2014007831, were conducted on , in conjunction with a revisit.

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

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based upon observation and record review during the noon medication pass, staff did not follow the required process for 5 (#1,7, 8 & 9) of 11 residents reviewed.

Findings include:

1. During observation on of the noon medication passes (from 11:25 to 11:35am) for residents #7, 8 & 9) the staff person assisting the residents (staff I) did not inform these residents of the medications they were taking.

In all 3 cases the accepted process concerning supervision of residents medications was followed with exception of informing the resident what they were taking. The staff would hand the medication cups to the residents & prompt them to take the medication without telling the residents the medication name or purpose.

2. A review of the medication record for resident #1 revealed the MOR had not been annotated that the resident received her Iprat- 0.5-3mg to be given at 12am, 4am, & 8am that the resident received this medication. during interview with the Wellness Director (3:40pm) she indicated that after discussing this with the ADON the resident this was a self-administered medication. Although her health assessment (1823) dated notes the residen: was to be assisted with all self-administered medications. There was not another order on file to explain this discrepancy.

Class III

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

Based on record review and interview the facility maintained a Medication Observation Record for 1(#2) of 3 residents reviewed although they were not observing the resident self-administration of her eye drops.

Findings include:

During observation of a med pass on at approximately 12:00p.m. it was noticed that on the MOR of resident #2 listed Tears, Instill 3 drops into both eyes 3 times a day.(Self Administer). This MOR was initialed off by the med techs as if they had witnessed the eye drops being self-administered by the resident.

At approximately 2:00p.m. during an interview with the DON it was stated the many times med-techs have to go into this residents I remind her to do her drops. The DON believes that may be the reason that they then initial the MOR.

The DON stated she knew the med techs should not have initialed the MOR for medication they don't assist with and will speak with them.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based upon a review of the prescribed medications & medication records for 2 residents, the facility failed to ensure that all medications were legally labeled & dispensed for 1 (#12) of 2 residents reviewed.

Findings include:

A review of the prescribed for resident #12 revealed the facility did not have a prescription label for the residents SQ to be given on a sliding scale (MD order dated 0-150+0 units, 151-200+2 units, 201-250=4 units, 251-300=6 units, 301-350= 8 units 351-400=10 units).

The residents vials were in a plastic bag in the med . When asked where the pharmacy labeled box was (at 2:45pm) staff responded they could not find it - that possibly the early morning nurse who administered the medication put it somewhere.

Class III

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

Based on record review and interview the facility failed to ensure 3 (E, F & H) of 4 Med tech's had a or 4 hour initial training or 2 updated medication training as appropriate, completed annually by a licensed registered nurse or licensed Pharmacist.

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Findings include:

During record review on of the personnel records for med techs (E. F. & H) revealed the medication training was taken on an on-line course for staff F & H., additionally the training for staff E was done by the Agency for Persons with which does not comply with ALF requirements.

During interview, the Director of nursing stated on at approximately 2:00p.m., stated she was planning to review all the staff training to be sure everyone was in compliance.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Rocky Creek Village
8606 Boulder Court
Tampa, FL 33615

RE: Revisit & CCR# 2014007606 & CCR# 2014007831

Dear Administrator:

This letter reports the findings of a state licensure revisit survey and two complaint surveys that were conducted on 27, 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate the deficiency that was corrected relative to the revisit and the deficiencies identified relative to the complaint surveys. 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 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 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

Enclosures: State (5000-3547) Forms

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