| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910121** | **03/16/2015** |
| 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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - Initial Comments**

Assisted Living Facility

A Complaint Investigation CCR#201500231 & 2015000872 conducted on .

The Rocky Creek Village, Assisted Living Facility had deficiencies found at the time of this visit.

**0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC**

Based upon observation, record review & interview the facility failed to ensure that 1 (#6) of 3 residents reviewed were appropriate for continued residency in the facility.

Findings Include:

On upon entering the resident #6 in the Personal Care Unit at approximately 12:15pm for medication pass, the staff (Med Tech) passing medications had to try to re-position the resident resident in order to give the resident her medications. The resident was very weak , unable to participate in repositioning & not responding to staff though eyes were open staring at ceiling. The staff (med tech) called the nurses office for assistance. Four staff arrived including the DON to assist the resident up into a chair. Resident #6 appeared to perk up after positioned in chair.

The residents family member also present at this time indicated the resident had declined in recent days & was very concerned. The staff present during initial entry to the agreed resident #6 appears to have declined. She stated the resident was on Hospice Care & admitted to the facility in recent weeks from Hospice House. The family member stated she had called Hospice this morning but had not yet received a return call. She also stated that she felt her mother required more care than her mother was receiving in this unit since they are not checking on her mother as often as needed. She had requested her mother be placed at the Pavilion across the street but it would be an additional $1000.00 which she did not have. The family member indicated her mother had not been eating well, only had a little Glucerna the evening prior. The residents also present indicated she was trying to help the resident as much as she could with her morning & supper meals adding that the staff come in for med's & at night. It was further mentioned during discussion that staff do check on the resident but not as often as needed. The resident has been found in soiled briefs for what appeared to be 2-3 hours. The Med Tech said when asked that they check on the resident every 2 hours. The DON verified this upon coming to the .

A review of the record for resident #6 revealed an admission date of . The health assessment (1823) dated notes a diagnosis of of corpus uteri, except isthmus, secondary of lungs, w/o mention of complications. The health assessment also noted the resident being independent in ambulation, eating, toileting, & transfer and required supervision of bathing and dressing. It appeared that the residents level of functioning had declined since admission the month earlier. There was not a Hospice Care Plan on file or an Interdisciplinary Care Plan between Hospice, facility & family indicating

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0010** Continued From page 1

agreement that the residents medical, psychosocial, & personal needs could be met in the ALF. Progress notes on file dated 11pm noted that the resident was declining, that the resident was not able to get to the Hospice was contacted.
During interview with the Hospice RN at approximately 1:15pm she indicated that they (Hospice Care) were looking into transferring the resident to a nursing home due to decline in condition.

NOTE: On the agency received a fax from the facility indicating the resident was moved to the Pavilion unit on site as well as including the required documentation of the Hospice Care Plan. An Interdisciplinary Care Plan was not included in the fax.

Class III

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

Based upon record review & interview for 2 (#2 & #6) of 3 residents the facility did not ensure medications were given as ordered.

Findings Include:

1. A review of the closed record & review of the MOR's for resident #2 revealed the following;

The 2014 MOR ' s revealed that resident #2 was to have 2.5mg. 1 vial via twice daily at 8am & 8pm. On the MOR had not been annotated that the resident received her 8pm treatment. There were not any notations on the reverse side of the MOR to indicate why. Further a review of the 2014 MOR ' s reflected omissions on the 8pm dosages for 10mg. , 0.5% 1 drop both eyes at noon & 8pm, w/ Vit D 1 tab twice daily at noon & 8pm, 3.125mg 1 tab twice daily, 10mg. 1 tab twice daily, Fish oil 1000mg. 1 cap twice daily noon & 8pm, DR 20mg. 1 cap twice daily noon & 8pm- all of these medications were not annotated for the 8pm dosage on The reverse side of the MOR did not indicate why the medications were not given. On 8pm the MOR was not annotated that resident #2 received her 2.5mg at 8pm-there was no documentation on the reverse side of MOR.

A review of the 2014 MOR ' s revealed that on 1 2014 for 8am the MOR was annotated that the resident #2 did not have available therefore it was not given. However, it appeared from review of the MOR she received it at 8pm on (mor was annotated given). A review of the record reflected no further notes to explain the omission.

During interview with the current facility nurses at approximately 4pm the reason these medications were not given could not be explained since there had been a change in nursing staff since that time. Per the DON she was in process of re-training all medication techs and evaluation their competency with regard to medication practices.

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0052** Continued From page 2

2. A review of the medication observation record for resident #6 revealed that the resident was prescribed 250mg. 1 cap every 6 hours. The MOR indicated dosages should be received at 6am, 12 noon, 6pm & 12 midnight. The MOR was annotated that the resident was given her dosages for 6am, 12 noon & 6pm but was left blank for the midnight dosages from / through .

During interview with the administrator (at about 2pm) he stated that if a resident is sleeping the night LPN will not wake a resident up.

(CCR#2015000872)

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

....., 2015

Administrator
Rocky Creek Village
8606 Boulder Court
Tampa, FL 33615

**RE: CCR #2015000872 &2015000231**

Dear Administrator:

This letter reports the findings of two complaint surveys that were conducted on
., 2015 by representative(s) of 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 days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after 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 Provider**s 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,

Patricia Reid Caufman
for Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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