AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910121	10/05/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Assisted Living Facility

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

Two complaint survey, CCR# 2015007403 & CCR# 2015009398, were conducted on .

0054 Medication - Records

Based upon record review & interview, the facility did not ensure medication observation records (MOR's) were properly documented for 1 (#4) of 4 residents reviewed.

Findings include:

During the visit of / and review of the medications for resident #4 it was noticed that the 2015 MOR was blank for this residents 8am medications, indicating he did not receive them.

The 8am medications were as follows;
81mg, 5mg., MN 30mg., 500mg., DR 20mg.,
50mg., 80mg., 50mg. & 800mg.

During interview with staff at approximately 11:30am she said the resident had refused all his morning medications. When questioned further the staff stated that she normally would initial each medication & circle the initials for each medication the resident refused then turn the medication record over & make a note on the back as to the reason the medication was not given. When asked why the process was not followed in this case staff said she was going to alert the facility nurse first but had not yet spoken to him.

During interview with the facility DON (approximately 12 noon) she stated that resident #4 should have been approached again to take his medications after a few minutes and that staff should have followed the established procedure of circling her initials next to each medication refused & documenting refusal on the reverse side of the MOR.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_____, 2015

Administrator
Rocky Creek Village
8606 Boulder Court
Tampa, FL 33615

RE: CCR# 2015009398 & CCR# 2015007403

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 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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.

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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