

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/07/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910121	(X3) DATE SURVEY COMPLETED 11/30/2015
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 Complaint

Two complaint investigations (CCR# 2015011414 & CCR# 2015010038) were conducted at the Rocky Creek Village in conjunction with a revisit survey on 11/30/2015. Rocky Creek Village, Assisted Living Facility, had deficiencies at the time of the investigation.

0025 Resident Care - Supervision

Based upon record review and staff interview, the facility did not maintain an updated record of events and actions initiated for 1 (#3) of 3 residents who's where about's was not known for 30 days.

Findings include:

During review of the record for resident #3 on 11/30/2015 it was noted that on 11/30/2015 the resident had been on leave of absence since 11/30/2015 without any communication from the resident as to her where about's and anticipated return date.

The progress note of 11/30/2015 indicated the facility nurse contacted the local hospitals and county jail and the resident was not there. This resident did not have any emergency contacts of family or friends to call.

The next progress note entry was on 12/1/2015 which indicated that the facility nurse had been in constant contact with a mental health provider who were also "trying to locate the resident no success". This progress note indicated that a call was placed to the local sheriff department to file a missing persons report, "someone would be sent out for more information."

During interview with facility management at 2pm on 12/1/2015 it was reported that when they initially contacted law enforcement, authorities would not do a missing persons report since resident #3 had a history of being homeless and not enough time had passed. This information contradicts the progress note of 12/1/2015 which stated a missing person report was filed and "someone would be out for more info" It was also reported that the mental health provider looked for the resident in all her normally visited spots in the community.

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As noted above the documentation on file did not reflect that aggressive action was initiated to locate this resident upon her not returning to the facility on 11/19/15. Although the notes state on 11/19/15 that the facility staff was in constant contact with the mental health provider, these contacts were not noted.

The resident was eventually safely located when the facility received a telephone call on 11/19/15 from a hospital in the Orlando area.

Class III

CCR# 2015011414

0165 Risk Mamt & QA: Adverse Incident Report

Based upon interview and record review the facility failed to file a state report within 1 day of occurrence for 1 (#3) of 3 residents reviewed.

Findings include:

During staff interview on 11/19/15 at 10:00 am, it was confirmed that resident #3 signed herself out of the facility on 11/19/15 at 5:40pm and did not return. The facility was unable to locate the resident until they were contacted by a hospital in the Orlando area on 11/19/15. At this time the facility management learned resident #3 would be moving to another assisted living facility in the Orlando area.

During interviews (2pm) with the facility nurse and administrator it was learned that resident #3 would frequently sign herself out for several days at a time. Staff indicated she would go visit friends. Previously to moving to the facility on 11/19/15 resident #3 was homeless according to staff.

A review of the record for resident #3 reflected that the resident was admitted on 11/19/15. The residents most recent health assessment (AHCA 1823) on file dated 11/19/15 included a diagnosis of "Lumbar Strain, lumbal strain, osteoarthritis, osteoarthritis, osteoarthritis, osteoarthritis, hyponatremia. Resident was noted to be alert and oriented and not an elopement risk.

The facility notes indicated local law enforcement was notified of the resident being missing on 11/19/15.

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although there were conflicting reports as to whether a missing person report was ever taken due to the resident previously being a homeless person.

A review of the facility "sign in/sign out log" reflected the resident signed herself out on 11/ at 5:40pm and did not include expected return time, where she would be located or any contact information of person resident #3 would be with.

According to facility management, a Day 1 report was not filed with the agency since this resident was not considered to have eloped. They reported that the resident would frequently sign herself out for 1 or more days at a time.

Class III

CCR# 2015011414



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_____, 2015

Administrator
Rocky Creek Village
8606 Boulder Court
Tampa, FL 33615

RE: Revisit & CCR# 2015011414 & CCR# 2015010038

Dear Administrator:

This letter reports the findings of a state licensure revisit survey and two complaint surveys that were conducted on _____, 2015, by representative(s) of this office.

Attached is the provider's copy of the Revisit Report, which indicates that the deficiency was corrected relative to the Revisit, and the State (5000-3547) Form, which indicates the deficiencies that were 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. **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.

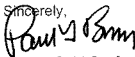
The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. 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 Kaufman
Field Office Manager

PRC/kpr

Enclosures: Revisit Report & State Form 5000-3547