**AGENCY FOR HEALTH CARE ADMINISTRATION**

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910121 | 11/30/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>**ROCKY CREEK VILLAGE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**8606 BOULDER COURT**<br>**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 / . 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 / it was noted that on the resident had been on leave of absence since without any communication from the resident as to her where about's and anticipated return date.

The progress note of 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 / 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 / , 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 / 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 . Although the notes state on 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 from a hospital in the Orlando area.

Class III

CCR# 2015011414

**0165 Risk Mgmt & 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 at 10:00 am, it was confirmed that resident #3 signed herself out of the facility on 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 . 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 resident #3 was homeless according to staff.

A review of the record for resident #3 reflected that the resident was admitted on . The residents most recent health assessment (AHCA 1823) on file dated included a diagnosis of , , lumbar , 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

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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 [redacted] 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 30, 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.

St. Petersburg Field Office
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Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

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: Revisit Report & State Form 5000-3547