AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910121	04/05/2016
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

On 2016 a Biennial survey with extended congregate care (ECC) and limited mental health (LMH) done in conjunction with two complaint survey CCR#2016003215 and CCR# 2016002446 was conducted at Rocky Creek Village Assisted Living Facility. Rocky Creek Village Assisted Living Facility had deficient practice identified during the survey

0078 Staffing Standards - Staff

Based on interview and record review, the facility failed to maintain required documentation of an annual, negative examination for 1 (The Administrator) of 3 records reviewed.

Findings Include:
An employee record review was conducted on . It was discovered that the Administrator last documented proof of an annual, negative examination (exam) occurred on .
An interview with the Administrator on 3:20 P.M. confirmed he had not had a annual with the past year, the Administrator stated he will get his completed right away. No further documentation was provided at this time.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on interview and record review, the facility failed to ensure that there was proof of the required, 2 hour update training for unlicensed persons who provide assistance with self-administration of medications for 1(Staff E) of 3 records reviewed.

Findings Include:
An employee record review was conducted on . Surveyor observed Staff E ' s file did not contain proof of the required 2 hour update training for unlicensed persons who provide assistance with self-administration of medications. The record showed a training certificate for a 4 hour training update dated / .
On 3:04 P.M. During an interview with the executive director, the executive director reviewed employee file with surveyor and confirmed staff E currently provide assist with self-administration of medication to residents at the facility and confirmed findings . No further documentation was provided.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

L243 LMH - Training

Based upon record review and interview, the facility failed to ensure that one of three (The Administrator) received the required Limited Mental Health in-services training related to six hours within six months of hire.

Findings Included:

A review of the personnel records for the Administrator on 3:55 P.M., revealed a hire date of / and no documentation of Limited Mental Health in-service training within six month of hire date.

During an interview with the Administrator on 4:11 P.M., the Administrator reviewed personnel record with surveyor and confirmed findings. No further information or documentation was provided to surveyor at this time.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Rocky Creek Village
8606 Boulder Court
Tampa, FL 33615

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with extended congregate care (ECC) and limited mental health (LMH) that was conducted on , 2016 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. **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 , , 2016.** 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.

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,

Reid Caufman
Field Office Manager

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

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