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

A complaint investigation (CCR 2016002446 and 2016003215) was conducted at Rocky Creek Village on in conjunction with a biennial survey with extended congregate care (ECC) and limited mental health (LMH). Rocky Creek Village had deficiencies at the time of the investigation.

0008 Admissions - Health Assessment

Based on interview and record review, the facility failed to obtain a complete AHCA Form 1823, within 30 days of admission to the facility, for 1 (Resident #4) of 3 resident records reviewed for completed AHCA Form 1823.

Findings included:

During a review of resident records conducted on , it was discovered that Resident #4 ' s AHCA Form 1823, dated / / , did not indicate what kind of help the resident required to take her medications. Records stated that Resident #4 was admitted to the facility on .

An interview was conducted with the DON at 3:57 PM on regarding the missing information on Resident #4 ' s AHCA Form 1823. The DON reviewed the document and acknowledged the missing statement concerning medication assistance on Resident #4 ' s AHCA Form 1823.

Class III

0056 Medication - Labeling and Orders

Based on interview and record review, the facility failed to refill a prescription in a timely manner for 1(Resident #2) of 3 records reviewed.

Findings included:

A review of Resident #2 ' s medications observation records (MORs) for 2016 showed that he hadn ' t received Sucralfate 1 GM/10 ML from / - with the explanation on the back of the MORs reading: " on order " .

An interview was conducted with the DON on / at approximately 4:30 PM and she stated that they

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had notified the Veterans ' Administration (VA) about Resident #2 ' s change of address (in to the facility) but they keep sending the medication to his old address.

The DON was asked for proof of notification to the VA for Resident #2 ' s change of address. The documentation she provided showed no indication of a change of address request.

The DON was asked for a copy of the facility's policy and procedures concerning timely refills of prescriptions. She provided a copy of their policy and procedures entitled Medications and Assistance: Refills. The document indicated that if medications are not delivered within two days prior to the depletion of the medication stock, the facility will re-order the medications with the " preferred provider " to insure no disruption takes place.

On at approximately 4:45 PM, The DON stated that she read the policy and procedures and that the facility did not follow its policy.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Rocky Creek Village
8606 Boulder Court
Tampa, FL 33615

RE: CCR #2016003215 & 2016002446

Dear Administrator:

This letter reports the findings of a state licensure survey 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,

For Patricia Reid Caufman
Field Office Manager

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

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