AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910121	R 05/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY CREEK VILLAGE	**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 revisit to complaints (CCR# 2016002446 & CCR# 2016003215) was conducted in conjunction with a revisit to biennial survey with extended congregate care (ECC) and limited mental health (LMH) at Rocky Creek Village on . Rocky Creek Village, Assisted Living Facility, had a new deficiency at the time of the visit.

0055 Medication - Storage and Disposal

Based on interview and record review, the facility failed to ensure that medications were accessible to staff responsible for assisting residents with self-administration of medications for 1 (Resident #1) of 3 medication observation records reviewed.

Findings included:

A review of the facility ' s medication observation records (MORs) was conducted on . Resident #1 ' s MORs showed the medication Rozerem - 8 mg Tablet- Take one tablet by mouth at H.S. (bedtime). A review of the Nurse ' s Medications Notes for through showed that the medication was on order and the pharmacy was notified . The MORs were circled, indicating that the resident did not receive the medication from / through / .

An interview was conducted with the DON at 11:57 AM on concerning the missing medication for Resident #1. The DON stated that the routine medication was delivered by the pharmacy but someone had coded it with the wrong color (the color the facility utilized for medications provided as needed). She stated that the medication was placed in to the wrong medication cart and staff members were unable to find it and provide it to Resident #1.

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11910121 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY CREEK VILLAGE	8606 BOULDER COURT TAMPA, FL 33615

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0008 Reg. # 429.26(4-6) FS; 58A-5.0181(2) FAC LSC	Correction Completed	ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☑	REVIEWED BY (INITIALS) PJB	DATE 6/2/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 4/5/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

 EVENT ID: M6LE12

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 two revisit surveys conducted on , 2016, by representative(s) of this office. Enclosed are the provider's copies of the Statement of Deficiencies (State Forms 5000-3547), which reference the uncorrected deficiencies and/or new deficiencies identified during the revisits.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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. Should you have any questions please call **Paul Brown**, HFES, of this office at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State Forms 5000-3547 & Revisit Reports

BBT7

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