AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910121	07/28/2016
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 2016007018) was conducted at Rocky Creek Village on in conjunction with a 2nd revisit to biennial survey with extended congregate care (ECC) and limited mental health (LMH) and a 2nd revisit to complaint (CCR 2016003215 and 2016002446). Rocky Creek Village had deficiencies at the time of the investigation.

License number 5227.

0030 Resident Care - Rights & Facility Procedures

Based on interview and record review, the facility failed to have a written grievance procedure for receiving and responding to resident complaints in accordance with 429.28 F.S.

Findings included:

On at approximately 9:15 AM, the director of administrative services was asked for a copy of the facility ' s grievance policy and grievance log. At 10:40 AM on / , she stated that the facility did not have a written grievance policy and did not think that there was a grievance log. The administrator was also asked for a copy of their grievance policy and grievance log when he arrived during the late morning/early afternoon time of the survey.

The administrator was interviewed at 3:07 PM on and he stated the facility did not have a written grievance policy.

The executive director stated during the exit conference at 4:10 PM on that residents come to him when they have complaints. No grievance log was presented during the survey that showed how the facility responded to resident complaints when received.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation, record review, and interview, the facility failed to ensure that suspected noncompliance was reported to the resident ' s health care provider for one (Resident #8) of 11 residents reviewed.

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Findings included:

On at 1:00 PM, Resident #8 ' s medication observation record (MOR) was observed by the surveyor. The medication order, " Powder 4 g mix with 8 oz. liquid and drink twice daily, " was observed in Resident #8 ' s MOR. This medication was observed to be initialed and circled as not taken by the resident for the following dates and times: at 8:00 AM and 5:00 PM, at 8:00 AM and 5:00 PM, / at 8:00 AM and 5:00 PM, at 8:00 AM and 5:00 PM, / at 8:00 AM and 5:00 PM, at 5:00 PM, at 8:00 AM and 5:00 PM, at 8:00 AM and 5:00 PM, / at 8:00 AM and 5:00 PM, at 8:00 AM and 5:00 PM, and at 8:00 AM. The back of Resident #8 ' s MOR contained documentation showing that the resident had refused this medication on the previously listed dates and that the nurse was notified.
On at 2:25 PM, Resident #8 ' s chart was reviewed. A review of Resident #8 ' s chart revealed a physician ' s order dated / for, " Powder 4 g/dose orally twice daily. " There was no documentation observed in Resident #8 ' s chart regarding the resident refusing the Powder or that the resident ' s physician had been notified of the refusals.

An interview was conducted on at 2:30 PM with Staff C, the licensed practical nurse (LPN). Staff C confirmed that he had been notified by the medication technician that Resident #8 was refusing the Powder. Staff C stated that the facility policy was to notify the resident ' s physician of medication refusals. Staff C stated that he does not document resident medication refusals as a nurse ' s note, but does send a fax to the physician to notify the physician of the medication refusal. Staff C was unable to provide a copy of a fax or any other documentation indicating that Resident #8 ' s physician had been notified of the resident ' s refusals of medication.

During the interview with Staff C on / at 2:30 PM, Staff C showed the surveyor medication noncompliance logs for Resident #8. The medication noncompliance logs were a form filled out by the medication technician to notify the nurse in writing that a resident was refusing medication. There was written documentation from the medication technician to the nurse on Resident #8 ' s medication noncompliance logs for the dates of / , , and that the resident had refused the Powder.

On , a review of the facility policy titled, " Medications & Treatments- Refusal, " revealed that, " Upon refusal of a medication and/or treatment, the nurse or designee should contact the physician for further instruction. "
Class III

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0054 Medication - Records

Based on observation, interview, and record review, the facility failed to ensure the medication observation record (MOR) was updated each time the medication was offered or administered for two (Residents #10 and #12) of 11 residents.

Findings included:

An observation of Resident #10 ' s MOR was conducted on at 1:00 PM. The surveyor observed the medication order 40 mg take one tablet by mouth once daily, which was scheduled for 8:00 PM. The surveyor observed that there were no initials on the MOR for and this box was blank. There was no documentation on the MOR for as to whether this medication was taken by the resident, missed, or refused by the resident.

In an interview on at 2:00 PM, the Health and Wellness Director stated that the medication technicians are supposed to document immediately after they assist with a medication that the resident has taken it. The Health and Wellness Director stated that the medication technician should have documented whether the medication was taken or not taken by Resident #10 on .

An observation of Resident #12 ' s MOR was conducted on at 1:00 PM. The surveyor observed that the medication technician had already initialed that the following medications had been taken by Resident #12 on , and : 50 mg, 25 mcg, 400 mg, 40 mg, 10 mg, 50 mg, 25 mg, 10 gm/ 15 ml solution, 550 mg, and HCl 15 mg. The surveyor observed the back of the MOR, which contained the documentation that on , " All meds was given to resident family. "

Staff B, the medication technician for Resident #12, was interviewed during the MOR observation on at 1:00 PM. Staff B stated that Resident #12 was on a leave of absence (LOA) and was away from the facility. Staff B stated that she pre-initialed Resident #12 ' s MOR as if the resident had taken the medication for , , and because she had given those medications to Resident #12 ' s family for those dates when Resident #12 left for a LOA.

A review of the facility procedure titled, " Medications &Treatments-Assistance: Absence from Residence, " was completed on . This revealed that, " For each scheduled medication administration time while the resident is away, the person administering medications and treatments should: i. Initial and circle in the corresponding box for the medication and treatment administration times that the resident was absent from the village. ii. On the back of the MOR, for all applicable

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administration times, write that the resident is " out of the village " and to whom medications and treatments were released. "

In an interview on at 3:00 PM, the Health and Wellness Director confirmed that the above procedure was the current procedure of the facility. The Health and Wellness Director confirmed that according to facility procedure, the medication technicians should initial and circle for each scheduled medication administration time when the resident is away and not initial that the resident had taken the medication.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Rocky Creek Village
8606 Boulder Court
Tampa, FL 33615

RE: CCR #2016007018

Dear Administrator:

This letter reports the findings of a state licensure complaint 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,

Teresa Ryan RNC
for Patricia Reid Kaufman
Field Office Manager

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
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PRC/clt
Enclosure: State (5000-3547) Form
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