STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11967863 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKWELL SENIORS, INC II	5030 NW 44TH AVENUE COCONUT CREEK, FL 33073

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 A0010	Correction	ID Prefix A0030	Correction	ID Prefix A0052	Correction
Reg. # 429.26(1&9) FS; 58A-5.0181(4) FAC	Completed	Reg. # 58A-5.0182(6) FAC; 429.28(1-2) FS	Completed	Reg. # 58A-5.0185 (3)	Completed
LSC		LSC		LSC	
ID Prefix A0054	Correction	ID Prefix A0056	Correction	ID Prefix A0079	Correction
Reg. # 58A-5.0185(5) FAC	Completed	Reg. # 58A-5.0185(7) FAC	Completed	Reg. # 58A-5.019(3) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0093	Correction	ID Prefix A0152	Correction	ID Prefix AZ814	Correction
Reg. # 58A-5.020(2) FAC	Completed	Reg. # 58A-5.023(3) FAC	Completed	Reg. # 435.12(2)(b-d), FS	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE 10/3/16	SIGNATURE OF SURVEYOR	DATE 10/3/16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
8/4/2016	

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967863	R 10/19/2016
NAME OF PROVIDER OR SUPPLIER **ROCKWELL SENIORS, INC II**	STREET ADDRESS, CITY, STATE, ZIP CODE **5030 NW 44TH AVENUE** **COCONUT CREEK, FL 33073**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A follow-up Relicensure survey was conducted on 10/19/16 at Rockwell Seniors, Inc. II.(License #11864). The facility had an uncorrected deficiency identified at the time of the survey.

Z815 Background Screening: Prohibited Offenses

Based on observations,record review and interview, the facility failed to ensure that the Administrator who is responsible for the day-to-day operation of the facility, maintained an eligible Level II status for 1 of 2 Staff C/Administrator) employee records reviewed.

The findings include:

Review of the FloridaHealthFinder.gov website indicated that Staff C was acting as the "Administrator of Record" for the facility.

In observations conducted on from approximately 10:00 AM- 1:00 PM Staff C was observed, overseeing staff and residents, as well as assisting residents in ambulation, serving meals and transfers.

A personnel record review conducted on revealed a background screening dated for Staff C with the status as: "awaiting privacy policy".
A review conducted on at 12:00 PM of the Agency for Healthcare Administration Background Screening web site revealed that Staff C had a determination made on and the determination resulted in a "Not Eligible" status.
A review of the facility's schedule dated revealed Staff C is the only staff member working at the facility on Sundays from 12:00 PM- 7 PM and that she also works various other shifts with other staff members.

In an interview conducted on at 12:38 PM with the Administrator, she states that she is in the process of having the issue expunged, but at this time she is aware of not being eligible. She also confirmed she is the Administrator on record for the facility and provides direct care services to the residents.

unclassified
Uncorrected Deficiency

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

[redacted], 2016

Administrator
Rockwell Seniors, Inc II
5030 Nw 44th Avenue
Coconut Creek, FL 33073

Dear Administrator:

This letter reports the findings of a Relicensure Revisit Survey conducted on 19, 2016 by a representative from this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

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 [redacted], 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

BBT7

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com