

|                                                                 |                                                                                            |                                                           |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                       | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11967714</b>                | (X3) DATE SURVEY COMPLETED<br><br><b>R<br/>04/27/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ROCKWELL SENIORS INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>22198 ENSENADA WY<br/>BOCA RATON, FL 33433</b> |                                                           |

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

**0000 - Initial Comments**

An unannounced licensure revisit to the complaint survey, CCR# 2016013472, was conducted on \_\_\_\_\_ at Rockwell Seniors Inc. (license # 11729) . The facility had uncorrected deficiencies at the time of the investigation

**0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC**

Based on interview and record review, the facility failed to ensure that an Administrator who supervises more than 1 facility appointed a "Manager" who has completed the core training requirement pursuant to Rule 58A-5.0191,F.A.C.

The findings include:

A review of the AHCA Florida Health Finder, Provider search results revealed that the Administrator is the Administrator of record at 2 assisted living facilities.

In an interview conducted on \_\_\_\_\_ at 10:00 AM with Staff A, she stated that Staff D is the Administrator and that there is no manager at the facility.

In an interview conducted on \_\_\_\_\_ at 12:30 PM with Staff B, she stated that there is no Manager at the facility, the Administrator is in charge.

In an interview conducted with the Administrator on \_\_\_\_\_ at 11:00 AM, she confirmed that she does not have an appointed Manager at this facility that is not a Manager or Administrator at another facility . She further reported that she attempted to get a Manager but she did not successfully complete the Core training.

Class III

**0079 - Staffing Standards - Levels - 58A-5.019(3) FAC**

Based on observation, record review and interview, the facility failed to maintain a written work schedule that reflects it's 24 hour staffing pattern the facility failed to have a staffing schedule.

The findings include:

A record review conducted on \_\_\_\_\_ of the facility's \_\_\_\_\_ 2017 staffing schedule revealed the following:

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 05/11/2017  
FORM APPROVED

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11967714</b>                | (X3) DATE SURVEY COMPLETED<br><br>R<br><b>04/27/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ROCKWELL SENIORS INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>22198 ENSENADA WY<br/>BOCA RATON, FL 33433</b> |                                                          |
| <p align="center">SUMMARY STATEMENT OF DEFICIENCIES<br/>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                            |                                                          |
| <p>1) Employee A Saturday through Sunday 7 AM- 10 PM<br/>2) Employee B Monday-Friday 7 AM- 10 PM<br/>3) Employee C Thursday-Saturday 7 AM - 7 PM<br/>4) Administrator on call</p> <p>The schedule failed to reveal a 24 hour staffing pattern. As documented on the schedule there are no employees on duty from 10PM to 7 AM. However, interview with the Administrator on at 3:20 PM, revealed the staff are present at the facility but sleeping and not on the schedule/on duty but available to assist residents if needed. She reported that because of the labor laws, she is unable to have employees work 24 hours without breaks and list them on the schedule as working 24 hours. She indicated that she will update the schedule to have 24 hour coverage.</p> |                                                                                            |                                                          |