

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910121	(X3) DATE SURVEY COMPLETED 02/19/2018
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 survey (CCR#2018000842, CCR# 2017015459 and CCR# 2018001445) was done in conjunction with a biennial licensure survey and a 2nd revisit to a complaint survey (CCR# 2017007859) at Rocky Creek Village Assisted Living Facility on Rocky Creek Village Assisted Living Facility had deficient practice identified at the time of survey. Lic #5227 0167 - Resident Contracts - 58A-5.025 FAC Based on interview and record review the facility failed to provide 1 (#1) of 5 residents sampled at least 30 days written notice prior to increasing their monthly rental rate. Finding Included: On at 2:00 P.M., a review was conducted of Resident #1's financial records. It was revealed that Resident #1's rental agreement showed a rate in the amount of \$1,810, signed and dated by Resident #1, the Executive Director and Chief Financial Officer on 11/ upon Resident #1's admission to the facility. Resident #1's record contained documentation of a rate increase notice dated documenting that the monthly rate was set to increase from \$1,810 to \$2,000 effective on 2017, signed by the executive director. The facility did not provide documentation of a signed addendum to residency care agreement rate change or any additional documentation indicating that Resident #1 was actually notified of the rate increase. However, a further review of Resident#1's Tenant ledger/accounting revealed that Resident #1 was charged \$2,200 on and \$2,200 on The descriptions for charges were noted as "ALF services."		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910121	(X3) DATE SURVEY COMPLETED 02/19/2018
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)		
On 3:12 P.M. during interview with the facility administrator and assisted living facility manager, the administrator and assisted living facility manager reviewed Resident#1's files and confirmed the findings. The assisted living facility manager stated she could not provide reasons as to why Resident #1 was charged \$2,200 dollars for dates and Class III		