STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910121	**10/26/2018**
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 investigation (CCR 2018015959) was conducted at Rocky Creek Village on . . . . . Rocky Creek Village had a deficiency at the time of the investigation.

(License #5227)

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on interview and record review, the facility failed to ensure that a safe living environment was maintained due to the lack of reporting of an allegation of resident . . . . . to the Florida . . . . Hotline as required under 415.1034, Florida Statutes.

Findings included:

A review of resident records conducted on indicated that on , Resident #1 informed the Charge Nurse that they had been assaulted by staff members within the last few days.

The Charge Nurse was interviewed at 4:07 PM on . . . . and they stated that Resident #1 reported the allegation of to them. The Charge Nurse was asked if the allegation of was reported to the Florida . . . . Hotline and they stated that it was not and did not know why. The Charge Nurse stated that they had informed the Executive Director of the alleged .

The Administrator was interviewed at 3:07 PM on . The Administrator stated that they were aware of Resident #1's allegation of being , , . . . , ... by staff. When asked if they had reported the incident to the Florida Hotline as required, they stated that they had not. The Executive Director was interviewed at 4:28 PM on . . . . . concerning Resident #1 alleging , , ... The Executive Director stated that they were aware of the allegation but did not notify the Florida Hotline.

A review of Resident #1's record conducted on showed no proof that anyone in the facility had contacted the Florida Hotline, as mandated, to investigate Resident #1's allegation of , , ... by a staff member.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910121	**10/26/2018**
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)