Agency for Health Care Administration

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11965311 | A. BUILDING: _____ B. WING _____ | 11/26/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ROSEWOOD MANOR OF VERO BEACH, | 3710 14 TH STREET VERO BEACH, FL 32960 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| A 000 | Initial Comments<br><br>An unannounced Abbreviated Relicensure with Extended Congregate Care (ECC) survey was conducted on at Rosewood Manor Of Vero Beach. The facility had deficiencies at the time of the survey. | A 000 | | |
| A 010 SS=D | 429.26( &9) FS; 59A-36.006(4) FAC<br>Admissions - Continued Residency<br><br>429.26<br>(1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of the strengths, needs, and preferences of the resident, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.<br>(2) A physician, physician assistant, or nurse practitioner who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interest in the facility.<br>(9) A , ill resident who no longer meets | A 010 | | |

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| A 010 | Continued From page 1<br><br>the criteria for continued residency may remain in the facility if the arrangement is mutually agreeable to the resident and the facility; additional care is rendered through a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident are being met.<br><br>59A-36.006<br>(4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a [illegible]-to-[illegible] medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 59A-36.002, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are:<br>(a) The resident may be bedridden for no more than 7 consecutive days.<br>(b) A resident requiring care of a [illegible] may be retained provided that:<br>1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider,<br>2. The condition is documented in the resident's record; and,<br>3. If the resident's condition fails to improve within 30 days, as documented by a health care | A 010 | | |

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| A 010 | Continued From page 2<br>provider, the resident must be discharged from the facility.<br>(c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:<br>1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need;<br>2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency;<br>3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and,<br>4. Documentation of the requirements of this paragraph is maintained in the resident's file.<br>(d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times.<br>(e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license.<br>(f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training.<br>(g) Continued residency criteria for facilities holding an extended congregate care license are described in rule 59A-36.021, F.A.C. | A 010 | | |

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| A 010 | Continued From page 3<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and interviews, the facility failed to monitor the continued appropriateness of residency in this assisted living facility (ALF) for 1 out of 1 sampled residents (Resident #12).<br><br>The findings included:<br><br>On at 10:30 AM, the Assistant Administrator stated during interview that there was a resident at the facility who had a pressure injury and that a home health agency (HHA) cared for the . The current stage and date of onset of the pressure injury was not known. The Assistant Administrator contacted the HHA and after receiving a return call from the nurse, she revealed that the date of onset of the was and that the current was a .<br><br>Review of the resident's Progress Note dated showed that the resident's health care provider was notified of the and home health services were requested. There were no other notes to show monitoring of the stage of the or to ensure it improved within thirty (30) days as required.<br><br>During interview with the HHA nurse on 11/26/19 at 11:30 AM, she stated that the resident has one current pressure injury on her area that was improving. Documentation of the status of the pressure injury was requested to be sent to the facility at this time.<br><br>Review of the resident's health assessment (AHCA Form 1823) dated showed the resident had no pressure injuries at that time. | A 010 | | |

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| A 010 | Continued From page 4<br><br>There was no health assessment on file that showed the resident's current [illegible] pressure injury, a significant change that requires a new health assessment to be completed.<br><br>The monitoring of the resident's appropriateness for continued residency, as documented on a new health assessment (AHCA Form 1823) for the resident, was not completed as required when the resident experienced a significant change, the onset of the current pressure injury.<br><br>These findings were discussed with the Administrator and Assistant Administrator on [redacted] at 12:15 PM. They confirmed that the resident had not been given a "45 day notice of relocation" at any time and had not been determined inappropriate for continued residency. The facility provided no additional documentation for review at this time.<br><br>Class III | A 010 | | |
| A 091 SS=B | 59A-36.011(12) FAC Training - Documentation & Monitoring<br><br>(12) TRAINING DOCUMENTATION AND MONITORING.<br>(a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following:<br>1. The title of the training program,<br>2. The subject matter of the training program,<br>3. The training program agenda,<br>4. The number of hours of the training program,<br>5. The trainee's name, dates of participation, and location of the training program, | A 091 | | |

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| A 091 | Continued From page 5<br><br>6. The training provider's name, dated signature and credentials, and professional license number, if applicable.<br>(b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule.<br>(c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and an interview, the facility failed to ensure that the certificates of training for 3 out of 3 sampled staff (Staff A, B and C) contained all required components for their completed 2 hours of Preservice Orientation.<br><br>The findings included:<br><br>Review of the personnel files for Staff A, B and C who work as caregivers for residents revealed certificates of a 2 hour Preservice Orientation, including training in Residents' Rights and ALF (assisted living facility) services, signed by the Administrator. The certificates did not contain signatures of the employees as required for this training.<br><br>a. Staff A-Date of hire and certificate dated<br><br>b. Staff B-Date of hire and certificate dated<br><br>c. Staff C-Date of hire and certificate dated | A 091 | | |

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| A 091 | Continued From page 6<br><br>During interview with the Administrator on [redacted] at 12:00 PM, she acknowledged these findings. The facility provided no additional documentation for review at this time.<br><br>Class | A 091 | | |