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 _____	06/24/2020

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
A 000	Initial Comments An Control special survey was conducted on . . . . . at Rosewood Manor of Vero Beach. The facility had a deficiency identified at the time of the survey.	A 000		
A 030 SS=D	59A-36.007(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; . . . . , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- . . . . or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.	A 030		

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A 030	Continued From page 1 (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical	A 030		

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A 030	Continued From page 2	A 030		

by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . . . . .

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from . . . . . and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the

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A 030	Continued From page 3 resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making . , , ... for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for	A 030		

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A 030	Continued From page 4 a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman	A 030		

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A 030	Continued From page 5 Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observations, interviews, record review and policy review, the Assisted Living Facility failed to implement control guidelines to ensure the health, safety and well-being of residents from the potential to contract or transmit the COVID-19 by failing to ensure administrative oversight to assess, implement, evaluate and monitor their preparedness for response to the COVID-19 pandemic. The findings included: The CDC documents individuals who are 65	A 030		

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A 030	Continued From page 6 years and older, those with underlying medical conditions, and those living in residential communities are at high risk for developing serious complications from COVID-19 illness. Individuals who are could develop serious with difficulty breathing, and might require intensive care for the treatment of multi-organ failure, , failure, and , COVID-19 can lead to . COVID-19 is a new , caused by a new Coronavirus that has not previously been seen in humans. Currently, there is no and no approved treatment for COVID-19 , which is a highly transmissible . See generally, Publications of the Centers for Control. On , The Office of the Governor of Florida issued Executive Order Number 20-51 directing the Florida Department of Health to issue a Public Health Emergency. The Executive Order documented, "Coronavirus 2019 (COVID-19) is a severe acute , illness that can spread among humans through , transmission and presents with symptoms similar to those of ." Section 2 directed the State Health Officer to take any action necessary to protect the public health. Section 3 directed the State Health Officer to follow the guidelines established by the CDC (Centers for Control and Prevention) in establishing protocols to control the spread of COVID-19. Section 4 designated the Florida Department of Health as the lead state agency to coordinate emergency response activities among the various state agencies and local governments. On , The Office of the Governor of Florida issued Executive Order Number 20-52	A 030		

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A 030	Continued From page 7 declaring a state of emergency for the entire State of Florida as a result of COVID-19. Subsequent Emergency Order 20-006, effective the same date as the Executive Order No. 20-52 documented, 1. Every facility must prohibit the entry of any individual, to the facility except in the following circumstances: a. Family members, friends, and visiting residents in end-of life situations; b. Hospice or , care workers caring for residents in end-of-life situations; c. Any individuals providing necessary health care to a resident; d. Facility staff; e. Facility residents; f. Attorneys of Record for a resident in an Adult Mental Health and Treatment Facility for court related matters if virtual or telephonic means are unavailable; or g. Representatives of the federal or state government seeking entry as part of their official duties, including, but no limited to, Long-Term Care Ombudsman program, representatives of the Department of Children and Families, the Department of Health, the Department of Elderly Affairs, the Agency for Health Care Administration, the Agency for Persons with , a protection and advocacy organization under 42 U.S.C. 15041, the Office of the Attorney General, any law enforcement officer, and any emergency medical personnel. State of Florida Executive Order Number 20-139, "Phase 2: Safe. Smart. Step-by-Step. Plan for Florida's Recovery" effective , does not lift the visitation restrictions. An AHCA eBlast was sent to providers on , , as a Long-term Care and Residential Facility Notification Requirement Reminder. This reminder documented: While it is important to protect the privacy of your residents and their health information, it is critical that facilities with positive COVID-19 cases continue to notify	A 030		

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A 030	Continued From page 8 residents, families, authorized representatives, and staff. As timely notification is key, the Agency wants to ensure every facility has a process in place to meet this expectation. Facilities should only disclose that a positive case has been confirmed and not the identity of the positive case. CDC guidance last revised on . . . . . for Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities, includes the following: Depending on the level of care and services provided in the ALF, recommendations in the following guidance documents may also apply: Interim Additional Guidance for . . . . . Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes. Core practices in this guidance include: Identify space in the facility that could be dedicated to care for residents with confirmed COVID-19. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19. ... Identify HCP who will be assigned to work only on the COVID-19 care unit when it is in use. Additional CDC guidance for ALF's include: To prevent spread of COVID-19 in their facilities, ALF's should take the following actions: Have a plan for visitor and personnel restrictions that includes the designation of one or more facility employees to actively screen all visitors and personnel, including essential consultant personnel, for the presence of . . . and symptoms consistent with COVID-19 before starting each shift/when they enter the building.	A 030		

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A 030	Continued From page 9 The CDC documents the COVID-19 is thought to spread mainly through close contact from person-to-person, and that the best way to prevent the illness is to avoid being exposed to the . Ways to slow the spread of the include maintaining good social distancing, hygiene, use of cloths, and routine cleaning and of frequently touched surfaces. An Control Special Survey was conducted at the facility on . The following concerns were identified: 1. Upon arrival at the facility on at 10:17 AM, the front entrance was observed to be unlocked. There was no posting on the door instructing visitors where to go to be screened for entry. The door opened up to the facility's large dining room and an open door to kitchen on the immediately left. A resident and Staff A was observed sitting at a table in the far corner of the dining room. This writer called out Hello multiple times and there was no response. The staff member sitting in the corner of the room did not acknowledge this writer's presence. This writer proceeded through the dining room to the area that contained the nurses desk, two medication carts, and the door to the facility Administrator's office. The Assistant Administrator was sitting at the nurses desk and this writer was greeted by the Assistant Administrator and was told the Administrator was on the telephone but she did not attempt to implement any screening process. This writer asked the Assistant Administrator if screening was required and was told "Yes". We then returned to the main entrance area where the screening process was completed. At 10:57 AM, the Administrator stated the entrance door is to stay locked with the security chain and anyone who hears the bell should respond. At 11:01 AM,	A 030		

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A 030	Continued From page 10 Staff A was interviewed and stated he did not know why the door was unlocked and the reason he did not attempt to screen this writer was because he was on his break. 2. On at 10:44 AM, the facility's door bell chimed. This writer observed a dietary staff member unlock the security chain lock located at the top of the door. Staff B entered; she walked passed the screening table, directly to one of the medication carts, and used the sanitizer dispenser located on top of the cart. She was re-directed . . . to the screening area by the Administrator. She left without being screened. 3. On , the staff screening forms were reviewed. The following concerns were identified: A. On . . . . . (time was recorded as " ") - No body temperature was recorded. The questions asking if she had a . . . , runny . . . or were not answered. The form was not counter-signed by a designated staff member. B. at 7:00 AM - No body temperature recorded C. . . . . at 7:00 AM - No body temperature recorded, the form was counter-signed by herself. D. (time of day not recorded) - The form was completed by the Assistant Administrator, the body temperature was recorded as "No", and the form was counter-signed by herself. E. . . . . (time of day not recorded) - No body temperature recorded, counter-signed by the Administrator.	A 030		

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A 030	Continued From page 11 F. On . . . . . at 7:00 AM, ... at 3:00 PM, at 5:36 AM, and at 7:00 AM - No body temperatures were recorded and the screening forms were not counter-signed. In an interview conducted on at 2:16 PM, Staff C stated she fills out the paper by the door, takes her own body temperature and record it on the paper. Sometimes the Administrator or Assistant Administrator take their temperatures. In an interview conducted on at 2:26 PM, Staff D stated when she comes to work, she takes her own body temperature and writes it in the book. In an interview conducted on at 2:35 PM, Staff E stated there is a form on the table to fill out. She takes her own body temperature unless the Administrator or Assistant Administrator is here. These concerns were discussed with and acknowledged by the Administrator on around 12:32 PM. 4. On . . . . . , the third-party screening forms for to-date were reviewed. The following concerns were identified: A. It was noted the only staff member who counter-signed the screening forms was the facility's Administrator. B. On . . . . . at 1:00 PM - The question "In the last 14 days, have you had contact with someone with a confirmed diagnosis of COVID-19, or someone under investigation for COVID-19, or ill with ..., ... , illness?" was checked "Yes". The form was not counter-signed by a designated	A 030		

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A 030	Continued From page 12 staff member. C. On [redacted] at 9:34 AM - The form was not signed by the third-party provider nor was it counter-signed by a designated staff member. D. Forms dated [redacted] at 11:00 AM, [redacted] at 12:45 PM, [redacted] at 12:13 PM, [redacted] at 9:05 AM, [redacted] at 9:00 AM, [redacted] at 2:03 PM and [redacted] at 9:00 AM were not counter-signed by a designated staff member. These concerns were discussed with and acknowledged by the Administrator on around 12:32 PM. 5. On [redacted] at 12:30 PM, the thermometer used in the memory care unit was observed with tape wrapped around the base of the unit. When activated, it displayed the body temperature in Celsius. In an interview conducted on [redacted] at 12:55 PM, the Administrator explained they have two no-touch [redacted] thermometers in the facility. One is kept at the main entrance and one is kept in the memory care unit. She stated they had trouble with the settings on the thermometers, that they could not get to show the temperatures in Fahrenheit. She explained they maintain a posting on the nursing desk located in the front of the building for staff use to convert their body temperatures from Celsius to Fahrenheit. She acknowledged that one thermometer repaired with tape and both thermometers being unable to display body temperatures in the preferred setting was indicative of the thermometers not functioning properly. Observation of the posting located on the nursing desk revealed "How to Convert "Celsius to Fahrenheit" [degree mark] C x 1.8 + 32 = [degree	A 030		

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A 030	Continued From page 13 mark] F Example: 36.2 x 1.8 + 32 = 97.1" At 3:02 PM, a staff member was observed using the posting to convert their body temperature from Celsius to Fahrenheit. 6. In an interview conducted on at 12:32 PM, this writer requested to review the facility's written policies regarding COVID-19. The Administrator stated beyond what's posted on the walls and what they have in their policy book, she did not have any written policies related to COVID-19. She presented a 3-ring binder that included written policies regarding: A. Control-Handwashing; B. Control-Handling Contaminated Laundry; and C. Control- Bourne Prevention. Further review of the binder revealed no further written policies related to control or COVID-19. Observations of information posted on the walls of Hallway 1 and Hallway 2 revealed informational signs regarding: A. Use of Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19 (2 pages); B. Handwashing How To - Sanitizer How To (1 page); C. Prevent , , (in Creole	A 030		

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 _____	06/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 030	Continued From page 14 language, 1 page); D. What You Need (to don personal protective equipment before entering a resident's room, 1 page); and E. Get the Most Out of Wearing Your Mask (1 page). 7. In an interview conducted on . . . . . at 12:32 PM, this writer requested to review the facility's records showing training records related to control and COVID-19 since . The Administrator stated staff are trained every Friday during staff meetings conducted every morning and evening. The subjects covered included showing staff how to use personal protection equipment; the importance of handwashing, especially when they exit a resident's res room; going from room to room to be sure there is soap, paper towels, and gloves available. When asked for documentation showing when the training records were completed and what staff attended, she stated she did not document any of the training sessions that were conducted. The above concerns were discussed with and acknowledged by the Administrator on at 3:55 PM. The Administrator provided no additional information. Class III	A 030		