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
	AL11968893	A. BUILDING: _____ B. WING _____	03/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSECASTLE AT DEERWOOD	8929 RG SKINNER PARKWAY JACKSONVILLE, FL 32256

(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
CZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	CZ830		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ830	Continued From page 1 is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database	CZ830		

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CZ830	Continued From page 2 approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to submit their comprehensive emergency management plan (CEMP) annually. The findings include: During a record review of the facility's CEMP information, a copy of an approval from the local emergency management approver was dated of . . No other approvals were located in the records. An interview was conducted with the Administrator on at 1:54pm. She stated the approval letter dated was the latest approval letter. She stated it was prior to her becoming the facility's Administrator and that she was advised it covered 2024 and that she did not have to resubmit another request until the 2025 hurricane season. In a follow-up interview with the Administrator on at 4:45pm. She again confirmed that the CEMP had not been re-submitted. CLASS III	CZ830		
A 000	Initial Comments An abbreviated relicensure survey with limited nursing services monitoring and complaint investigation (complaint numbers 2023015090; 2023012960, 2023010341, 2024013697) was	A 000		

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A 000	Continued From page 3 conducted at Rosecastle at Deerwood Assisted Living Facility on and . Deficiencies were identified at the time of the survey.	A 000		
AN278	59A-36.022(3) FAC; 429.07(3)(c)2, FS LNS - Records 59A-36.022 (3) RECORDS. (a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility. (b) Nursing progress notes must be maintained for each resident who receives limited nursing services from facility staff. (c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service. 429.07 (3)(c)2, FS A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services from the facility's staff. The report must describe the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health... This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain comprehensive notes and assessments for 1 of 1 resident receiving Limited Nursing Services (LNS) from the facility (Resident 11). The findings include: LNS records for Resident 11 showed he started	AN278		

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AN278	Continued From page 4 services on for care and . The documentation references the APRN as the health care provider. Photographic evidence obtained. Review of the monthly assessments for Resident 11 showed blanks for the assessor's signature in , , , and ; additionally the dates were not filled in completely. There was also no signature or actual date on the assessment from . Photographic evidence obtained. At 2:57 PM, the facility's APRN was interviewed by phone. She stated as the facility's LNS nurse she signed the assessments completed by the facility's Director of Nursing (DON). She stated she saw Resident 11 monthly and had her own progress notes regarding her visits. She stated the notes are not in the facility record, her office has them. An interview was conducted with DON 3:35 PM. When asked about LNS residents and her role, she stated that when they have a resident on LNS, she would fill out the required monthly assessment but not sign it. The LNS nurse would then come to the facility to see the resident. While in the facility she would sign the assessment that had been completed. She stated they did not fill out a progress note but instead completed the service log with date and initials. She also stated that they do not ask for or have a copy of the notes completed by the LNS nurse for the resident's chart. The service log for Resident 11 was reviewed and it did not contain the information missing from the monthly assessments or progress notes from the APRN. Photographic evidence obtained.	AN278		

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AN278	Continued From page 5 The facility policy regarding Standards for LNS licensure stated "Nursing progress notes shall be maintained for each resident who receives limited nursing services." The policy mandated these be part of the resident record. Class III	AN278		