STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965681	06/28/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rosewood House Ii, Inc.	3175 Belcher Road Dunedin, FL 34698	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013006685, was conducted on .

The Rosewood House II, assisted living facility, had deficiencies at the time of the visit.

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

Based on observation and interview, the facility failed to ensure 1 of 15 residents was free from physical (#13).

Findings include:

On / at 12:13 p.m. a full-bed rail was observed on Resident #13 's bed. On at approximately 3:12 p.m. Resident #13 was observed sleeping in her bed with the full-side rail on her bed in the up position.

On / / at approximately 4:25 p.m. Staff A was interviewed. Staff A confirmed Resident #13 cannot get out of bed when the full -side rail is in place.

On at 7:40 p.m. Resident #13 's daughter was interviewed by telephone. Resident #13 's daughter stated she purchased the side rail to keep her mother in bed and to prevent her mother from falling. Resident #13 's daughter stated she brought the rail to the facility when Resident #13 moved into the facility.

A review of Resident #13 ' s record revealed Resident #13 was admitted on / / . Further review of this record revealed Resident #13 did not have a current order from a physician for any type of side rails.

Class III

Z827-Unlicensed Activity 408.812, FS

Based on observation, interview and facility licensure review, the facility provided assistance outside the scope of their license by assisting 1 of 15 residents sampled with anti- stockings and administering . These services are reserved for facilities with a Limited Nursing Services specialty license

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965681	06/28/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rosewood House Ii, Inc.	3175 Belcher Road Dunedin, FL 34698	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

(Resident #10). These services were also provided by unlicensed staff.

Findings Include:

On / / at 3:15 p.m., the surveyor observed Resident #10 with a anti- stocking on her right leg.

On _ _/_ _/ _ _ at approximately 1:35 p.m., Resident # 10 was interviewed. Resident #10 stated she can put her , , (nasal cannula) on herself and remove it, but stated the facility staff turns the machine on for her each night. On at 3:16 p.m. Resident #10 was interviewed a second time. Resident #10 stated she cannot put her anti- stockings (hose) on without assistance. Resident #10 reported the facility 's staff members put her anti stocking on her in the morning and takes it off at night.

On at 3:52 p.m., Staff B was interviewed. Staff B confirmed she and other facility staff member offer assist Resident #10 with putting her anti- stocking on in the morning and taking the anti- stocking off at night. Staff B also states she turns the machine for Resident #10 on and off.

A Review of the Resident #13's record revealed an order signed on / for 2 lpm of continuous for eight (8) hours while sleeping.

A review of the facility's License revealed the facility has a standard licenses without the required specialty licensure for limited nursing services.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

', 2013

Administrator
Rosewood House II, Inc.
3175 Belcher Road
Dunedin, FL 34698

Dear Administrator:

Re: **CCR# 2013006685**

This letter reports the findings of a complaint survey that was conducted on , 2013, by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161