STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967720	08/14/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rosa's Caring	2873 Sw Us 221 Madison, FL 32340	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0054-Medication - Records-08/14/2013
0093-Food Service - Dietary Standards-08/14/2013
0161-Records - Staff-08/14/2013
0162-Records - Resident-08/14/2013
Z815-Background Screening; Prohibited Offenses-08/14/2013

Revisit Repeat Tags:
0000-Initial Comments-
0081-Training - Staff In-Service-58a-5.0191(2) Fac
0090-Training - -58a-5.0191(11) Fac

0000-Initial Comments
On 8/14/13 a follow up survey to the biennial was conducted at Rosa's Caring in Greenville. Deficiencies were cited.

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on employee record review and staff interview the facility failed to ensure staff received training on elopement policies and procedures within 30 days of hire for 4 of 4 (A, B,C, D) employees reviewed for training.

The findings are:

On during the biennial review employees A did not have proof of training related to elopement policies and procedures.

On the employee files were reviewed and employees A, B, and D still were not provided training on elopement policies and procedures.

A review of the file for employee B date of hire revealed no proof of training on elopement policies and procedures.

A review of the file for employee D date of hire revealed no proof of training on elopement policies and procedures.

A new employee C date of hire / was reviewed. No proof of training for elopement

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policies and procedures was found.

An interview was conducted with the administrator on / 13 at approximately 11:00 AM. She stated she had been doing elopement drills but could not provide a policy on elopement or proof of the required training.

Uncorrected Class III

0090-Training - 58A-5.0191(11) FAC
Based on review of employee records and staff interview the facility failed to provide training related to ( ) for 4 of 4 employees (A,B, C, D) review for required training.

The findings are:

On a biennial survey was conducted. 3 of the 4 employees did not have the required training within 30 days of hire related to . On the required training was still not provided to 4 of 4 employees.

1) A review of the employee A file revealed date of hire / / . No evidence of training for .
During the staff interview conducted employee A was not able to indicate what a ( ) meant.
2) A review of the employee B file revealed date of hire . No evidence of training for .
During the staff interview conducted employee B was not able to indicate what a meant.
3) A review of the employee D file revealed date of hire . No evidence of training for .
4) A new employee date of hire / file was reviewed and there is no evidence of training for .

An interview was conducted with the administrator on at approximately 11:00 AM. She stated she thought this was part of their training. She stated she had discussed with the staff about a residents but had no policy for and no sign in sheet for any training related to .

Uncorrected Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Rosa's Caring
2873 Sw Us 221
Madison, FL 32340

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2013by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2013.**

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 this office at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure

BBT7

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

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone 850-412-4540; Fax (850) 922-9162