STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965311	11/21/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rosewood Manor Of Vero Beach,	3710 14 Th Street Vero Beach, FL 32960	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments
An Assisted Living Facility biennial relicensure survey with Extended Congregate Care component was conducted on . Rosewood Manor of Vero Beach had licensure deficiencies found at the time of the visit.

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

Based on record review and interview, the facility failed to ensure all staff followed safe practices when providing assistance with medications for 1 out of 2 sampled residents (Resident #28).

The findings include:

On at 9:25AM, Staff A was observed removing a patch of from the packaging wrapper and attempting to place the patch on Resident #28's chest without wearing gloves. Upon return to the medication cart, Staff A was interviewed and acknowledged she did not wear gloves as proper procedure requires with patches.

These findings were acknowledged by the Administrator during interview at 3:00 PM on

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on record review and interview, the facility failed to maintain accurate and complete Medication Observation Records (MORs) , for 1 out of 2 sampled residents (Resident #25).

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The findings include:

On the 2013 MORs for Resident #25 was reviewed and showed no initials indicating he received medication, Trental, at 12:00 PM on Staff A was interviewed at approximately 9:20 AM on and acknowledged shortly thereafter that the resident's medication was given to him and that the staff member who did not document that the medication was given had corrected the record at this. The staff member failed to document assisting the resident with the medication immediately after providing assistance, as required.

These findings were acknowledged by the Administrator during interview at 3:00 PM on

Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based on record review and an interview, the facility failed to ensure annual evaluations for chemical were conducted, for 2 out of 2 sampled residents (Residents #24 and #27).

The findings include:

a) On at 10 AM, the medications for Resident #24 were reviewed and showed an order for medication) dated The resident's 2013 Medication Observation Record (MORs) showed the resident was still taking this medication. Staff A was interviewed at approximately 9:30 AM on this date and stated the resident did not currently have any behaviors for which she would be taking this medication. The resident's record showed no history of illness. The record did have an annual review for the use of this medication dated and no other evaluation completed by the prescribing physician since.

b) On at 10:10 AM, the medications for Resident #27 were reviewed and showed an order for medication) dated The resident's 2013 MORs showed the resident was still taking this medication. Staff A was interviewed at approximately 9:45 AM on this date and stated the resident did not currently have any behaviors for which she would be taking this medication. The resident's record showed no history of illness. The record did have an annual review for the use of this medication dated and no other evaluation completed by the prescribing physician since.

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At 10:45 AM on the Administrator was asked during interview if these residents had a more recent evaluation for the use of these drugs by the prescribing physician and she was unable to locate any done within the previous year.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Rosewood Manor Of Vero Beach,
3710 14th Street
Vero Beach, FL 32960

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representatives from 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 after **2014** 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 3020
XG90

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