STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965681	01/07/2015
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)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - / S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

Assisted Living Facility

A Change of Ownership (CHOW) Provisional Licensure survey was conducted on

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

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on interview and record review the facility failed to provide documentation that one (#C) of 3 sampled staff records had proof of having received 3 hours of in-service training within 30 days of employment that covers the topics of resident behavior and needs and providing assistance with the activities of daily living (ADL's).

Findings Include:

Staffing record reviews were conducted with the administrator and assistant administrator on at 2:30 p.m. A review of staff person C's training record did not not have any documentation of having completed 3 hours of in-service training within 30 days of employment that covers the topics of resident behavior and needs and providing assistance with the activities of daily living (ADL's).

The file was extensively reviewed by the administrator who confirmed that the proof of training was not found in any of the staff person's training record.

CLASS III

0082-Training - / 58A-5.0191(3) FAC

Based on interview and record review the facility failed to provide documentation that one (#C) of 3 sampled staff records had proof of having completed a one-time education course on ( ) and ( ), including the topics prescribed in the Section 381.0035, F.S. (Florida Statutes).

Findings Include:

Staffing record reviews were conducted with the administrator and assistant administrator on at 2:30 p.m. A review of staff person C's training record did not not have any documentation of the staff person having completed a one-time education course on ( ) and ( ).

The file was extensively reviewed by the administrator who confirmed that the proof of training was not found in

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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

any of the staff person's training record.

CLASS III

0090-Training - **58A-5.0191(11) FAC**

Based on interview and record review the facility failed to provide documentation that one (#C) of 3 sampled staff records had proof of having received at least one hour of training in the facility's policies and procedures regarding ('s).

Findings Include:

Staffing record reviews were conducted with the administrator and assistant administrator on at 2:30 p.m. A review of staff person C's training record did not not have any documentation of having at least one hour of training in the facility's policies and procedures regarding ('s).

The file was extensively reviewed by the administrator who confirmed that the proof of training was not found in any of the staff person's training record.

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a Change of Ownership (CHOW) state licensure survey that was conducted on , 2015 by representative(s) 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(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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