RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Rosecastle of Citrus
279 North Lecanto Highway
Lecanto, FL 34461

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by representatives of this office.

Enclosed 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 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 this office at (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964613	12/31/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rosecastle Of Citrus	279 N. Lecanto Hwy Lecanto, FL 34461	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Change of Ownership (CHOW) and Limited Nursing Services Licensure survey was conducted at Rosecastle of Citrus, an assisted living facility in Lecanto, Florida. Deficiencies were identified at the time of the survey. The facility was not in compliance.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and interview the facility failed to ensure 1 of 13 sampled residents had an interdisciplinary care plan specifying the services to be provided by the assisted living facility and the services to be provided by hospice (Resident #13). The facility also failed to ensure that 1 of 13 sampled residents had an updated heath assessment to reflect a significant change in the resident's health status specific to a to the right heel (Resident #13).

Findings:

An interview conducted with the resident care assistant in the memory care unit on at 10:05 AM stated that Resident #13 receives hospice services for a to her right heel.

An interview was conducted with the hospice nurse on at 11:00 AM. The hospice nurse stated that Resident #13 has a on her right heel.

A review of the 2014 hospice nurse's notes for Resident #13 showed the resident had a to her right heel. A review of the , 2014 hospice nurse's notes showed that Resident #13 has a to her right heel. A review of the hospice nurse's notes dated documented that the measurements were 0.75 cm width by 0.25 cm depth. The bed is documented as stringy yellow/tan and gray tissue. The edges are documented as symmetrical. There periwound is documented as pink/slightly purplish.

A record review for Resident #13 showed that there was no interdisciplinary care plan completed by the assisted living facility specifying the services to be provided by the assisted living facility and the services to be provided by hospice.

A review of the health assessment (AHCA form 1823) for Resident #13 showed the assessment was signed by an ARNP (Advanced Registered Nurse Practitioner) on . On page 2 of the health assessment Resident #13 is documented as not having a .

An interview with the DON on at 2:30 PM stated that there was no interdisciplinary care plan completed by the assisted living facility specifying the services to be provided by the assisted living facility and the services to be provided by hospice for Resident #13. The DON stated that hospice provides the care twice a week for

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Resident #13. The DON further stated that there was no updated health assessment (AHCA form 1823) for Resident #13 since the health assessment dated .

Class III