STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967589	01/21/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rosie's Place	1102 Sw Ivanhoe Street Port Saint Lucie, FL 34983	
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 - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey with ECC (Extended Congregate Care) and LMH (Limited Mental Health) was conducted on [redacted] at Rosie's Place. The facility had deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, interview, and record review, it was determined the facility did not ensure that each resident was free from the use of physical [redacted] specifically related to the use of full side rails for 2 of 5 sampled residents observed (Resident #3 and Resident #4).

The findings include:

During observational tour of the facility conducted on [redacted] beginning at approximately 8:00 AM Resident #3 was observed in bed with full side rail in the up position on the right side of the bed and the left side of the bed was pushed against the wall. Additionally, Resident #4's bed was observed to be equipped with full side rail on the right side of the bed and the left side of the bed was pushed against the wall.

During interview and observation of Resident #3 with Staff A, conducted on [redacted] at approximately 8:30 AM, Staff A was asked why this resident had full side rails and why this resident's bed was pushed up against the wall. She replied that this resident attempts to climb out of bed at night. Resident #3 acknowledged, at this time, that she cannot get out of bed with the rails in the way. Review of Resident #3's health assessment/1823 form, dated [redacted] documented a diagnosis of [redacted] and that she requires assistance with transferring from staff.

During interview and observation of Resident #4's bed with Staff B, conducted on [redacted] beginning at approximately 9:00 AM, Staff B was asked why this resident had full side rails and why this resident's bed was pushed up against the wall. She replied that this resident sometimes tries to get of out bed at night time.

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During subsequent interview and observation of Resident #3's bed and Resident #4's bed conducted with the Administrator, on beginning at approximately 9:30 AM, she was asked about the use of the full side rails and pushing the bed against the wall for both of these residents. She stated that is it to prevent them from falling out of bed. She was asked if the facility had obtained physician's orders and consent for the use of these side rails. The Administrator acknowledged that the facility did not have specific physician's orders for the use of the full side rails. She stated she thought that the rails came with the beds when the beds were received from the equipment companies. She was informed that staff indicated during earlier interviews (noted above) that the full side rails and the bed being pushed against the wall was to prevent these 2 residents from attempting to get of of bed at night and that is considered to be a She acknowledged that the use of is not permitted and staff would be educated accordingly.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on interview and record review, it was determined the facility did not ensure that 1 of 2 direct care staff/caregivers (Staff B) had documentation they had received training in the topic of Recognizing and Reporting Resident Neglect, and

The findings include:

During personnel record review and interview conducted with the Administrator, on beginning at approximately 10:45 AM, she was provided the opportunity to locate Staff B's (date of hire noted as required training in the topic of Recognizing and Reporting Resident Neglect, and within 30 days of hire. The Administrator was not able to locate this required training for Staff B.

Class III

L243-LMH - Training 58A-5.0191(8) FAC
Based on record review and interview, it was determined the facility failed to ensure that 1 of 2 direct care staff members (Staff B) whose duties take them into resident living areas and would potentially require them to interact with mental health residents on a daily basis received the required initial 6 hours of specialized training in working with individuals with mental health diagnoses.

The findings include:

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During personnel record review and interview conducted with the Administrator, on beginning at approximately 10:45 AM; she was provided the opportunity to locate Staff B's (date of hire noted as required training in working with individuals with mental health diagnoses. The Administrator was not able to locate this required training for Staff B. She stated that the facility does not currently have any LMH (Limited Mental Health) residents at this time. She was reminded that this facility is licensed to accept LMH residents; therefore, the training is required. She acknowledged that Staff B did not have the required training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Rosie's Place
1102 SW Ivanhoe Street
Port Saint Lucie, FL 34983

Dear Administrator:

This letter reports the findings of a state licensure survey with Extended Congregate Care (ECC) and Limited Mental Health (LMH) that was conducted on , 2015 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 (30) 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 representative. 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 5000-3547
XG90

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