STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965158	01/28/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rosecastle At Delaney Creek	320 S Lakewood Drive Brandon, FL 33511	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0003 - 58a-5.014 Fac - Licensure - Change Of Ownership (chow) S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility.

A change of ownership (CHOW) state licensure survey was conducted on .

The Rosecastle at Delaney Creek, assisted living facility, formerly Rosecastle at Brandon, had deficiencies at the time of the visit.

0003-Licensure - Change of Ownership (CHOW) 58A-5.014 FAC

Based upon observation & interview the facility failed to inform each resident of banking information pertaining to personal funds held in trust.

Findings Include:

During this change of ownership survey of during interview with the business manager & administrator at approximately 10:45 a.m. it was stated that only a letter concerning the change of ownership was sent out to the residents but it did not address funds held in trust.

During further interview with the administrator at about 2 p.m., she provided a stack of letters to send out to the facility residents regarding personal funds held in trust and stated she was putting them in the mail on this date of .

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based upon record review & staff interview the facility failed to ensure that menus clearly indicated modifications for liberalized therapeutic diets and that menus were dated for the weeks served & kept on file for 6 months.

Findings Include:

1. During a review of the facility menus, it could not be determined what. if any therapeutic diets were offered & the menu items to be served to comply with the therapeutic diets.

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During interview at about 12 noon with the dietary manager & registered dietitian it was stated that the menus were developed & sent to the registered dietitian to review & sign. She also stated that she would add the clarifications to the menus for therapeutic diets in the future. The menus as printed are for a LCS, low fat, low [illegible] & no added salt diet, however, they did not note what to serve a resident on a LCS (low diet) or a no concentrated sweets diet. The menus would note for desserts that it was "dessert of the day" without an option for those residents needing to be on a low sugar diet.

2. A review of the facility menus revealed they were not dated for weeks served. During interview with the food service director (11:30 a.m.) he said that they were just rotating the 5 week cycle but not dating them. He said they will start dating the menus.

Class III

0167-Resident Contracts 58A-5.025 FAC

Based upon record review & staff interview, the facility failed to ensure that 1 (#15) of 3 residents reviewed received information pertaining to the facility's policy & procedures related to ( ).

Findings Include:

A review of the facility contract & record for resident #15 revealed no acknowledgement that the resident or the responsible party had received information concerning the facility policy & procedures related to 's.

During interview with the facility administrator she verified that there was not any information attached or included in the resident contract concerning 's.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Rosecastle At Delaney Creek (formerly Rosecastle at Brandon)
320 S Lakewood Drive
Brandon, FL 33511

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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