STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967111	02/17/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rosecastle Of Zephyrhills	37411 Eiland Blvd Zephyrhills, FL 33542	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0008 - 429.26(4-6) Fs; 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

Assisted Living Facility

A Change of Ownership (CHOW) Provisional Licensure survey in conjunction with Limited Nursing Services (LNS) monitoring was conducted on .

Rosecastle of Zephyrhills, Assisted Living Facility, had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on interview and record review, the facility failed to ensure the Agency for Health Care Administration (AHCA) Form 1823, Resident Health Assessment for Assisted Living Facilities was completed with all required components for one (Resident #5) of two sample health assessments related to the type of medication assistance needed by the resident, completion of, or providing a list of current medications prescribed by the physician and complete information for the health care professional completing the form including medical license number, address, telephone number and title of the examiner. The facility failed to complete, or otherwise provide a completion of Section 3 of the AHCA form #1823 specifying services offered or arranged by the facility for the resident based on the needs as identified in the assessment.

Findings Include:

A record review for Resident #5 was conducted on at 2:20 p.m. The AHCA form #1823 Health Assessment, dated / , failed to provide the following information:
- The type of medication assistance needed by the resident.
- A list of current medications prescribed by the physician.
- Information for the health care professional completing the form including medical license number, address, telephone number and title of the examiner.
- Specifying services offered, or arranged by the facility for the resident, based on the needs as identified in the assessment.

The resident's AHCA form #1823 Health Assessment was reviewed with the Director of Nurses who concurred that the form was incomplete. "I'll make sure it gets completed as soon as possible. This should have been reviewed when we received it."

CLASS III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967111	02/17/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rosecastle Of Zephyrhills	37411 Eiland Blvd Zephyrhills, FL 33542	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on observation, interview and record review the facility failed to ensure that qualified staff were applying leg bandages on one (Resident #3) of 12 observed sample residents.

Findings Include:

An interview was conducted with Resident #3 on at 10:45 a.m. The resident was observed to have a stocking type stretchable tubular bandage on both lower legs and sport socks over the bandages. The resident was asked if she was able to put the bandages on without assistance. She stated "Oh, no. I could never get them on. I can't bend over far enough. I just ask any one of the aides to put them on for me. I can do most things for myself, but not those. I need them because my legs and feet swell."

A care aide ("care companion") who worked on Resident #3's wing was interviewed at 11:15 a.m. She was asked about the leg bandages that were observed on the resident. She stated "We all put them on her. Whoever is available. We would put them on, because she has a hard time putting them on herself and she asks for help." The care aide confirmed that she is not a Certified Nursing Assistant.

A Limited Nursing Services (LNS) monitoring was conducted in conjunction with the licensure survey. The Licensed Practical Nurse (LPN) who maintains the paperwork for the LNS program provided a list of all the current residents receiving LNS services. Resident #3 was not on the LNS list. She was questioned about the bandage material the aides were putting on the resident, she stated "I'm not aware of any type of stockings being used for the resident. Maybe it's something her family brought in."

The Director of Nurses and the LNS nurse were further interviewed after the use of the bandage type stockings were confirmed. The LNS nurse stated "She should be under LNS if those stockings are used and those bandages only applied by a nurse. I've never seen anything like that before."

A medical record review conducted at 3:00 p.m. with the nursing staff revealed that the stockings had been ordered by the Advanced Registered Nurse Practitioner (ARNP) who sees the resident. An orders list was found in Resident #3's medical record, dated , and signed by the ARNP. Item #5 ordered "Tubi-Grips/Elastic stockings."

The facility staff ensued a discussion in which they stated they had never heard of using "Tubi-Grips" as elastic stockings. The management staff completed their review and concluded that the care aides were not qualified to apply any type of "elastic stocking," the resident should receive this service under LPN and the stocking only applied by licensed staff. Additionally, the DON stated "We will follow-up with the ARNP to make sure the right product will be ordered and used. "

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview the facility failed to ensure that two containers used to dispose of medical sharps including syringes needles, used by and for residents for medication injections, were stored in a safe manner and not accessible to the general resident population on one of two wings.

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Rosecastle Of Zephyrhills	**37411 Eiland Blvd Zephyrhills, FL 33542**	
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Findings Include:

A facility tour was initiated on at 9:30 a.m. A tour of the East wing of the facility was conducted first. The East wing is reserved for assisted living residents. The West wing is a secured memory unit. Approximately 8 residents were observed in the large common area of the East wing. Some were engaged in playing a video game, others were watching. All of these residents were ambulatory and walking around the area. Additionally, other residents were observed walking in the area. All were in proximity to a large built-in multi-shelf bookcase around the wall from the nurses' area.

Two containers used to dispose of medical sharps, including syringes needles used by and for residents for medication injections, were observed stored on a middle shelf of the bookcase. A close examination of the "sharps" containers revealed each container was about half full of medical disposables. Residents were walking past the containers and were in close proximity to the bookcase.

The Director of Nurses (DON) was immediately notified of the finding. The containers were removed and placed in the nurses' . She stated "The sharps containers should never be left out like that. In fact we require that they are kept in the bottom drawer of the med(ication) cart. I don't know why they were left out there. We will be having an in-service on proper storage and handling of the sharps this week."

At 10:25 a.m. the LPN assigned to the East wing stated "That was my bad. I don't even know why I put them (the sharps containers) there. They should not be left out like that."

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Rosecastle Of Zephyrhills
37411 Eiland Blvd
Zephyrhills, FL 33542

Dear Administrator:

This letter reports the findings of a Change of Ownership Provisional Licensure survey done in conjunction with Limited Nursing Services monitoring 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 Reid Caufman
Field Office Manager

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

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