STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966877	02/11/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rosemont Gardens, Inc	1842 Kreidt Dr Orlando, FL 32818	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
The re-licensure survey was conducted on . . Rosemont Gardens, Inc Assisted Living Facility had a deficiency found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on Record review, Medication Observation Record (MOR) and interview the facility failed to ensure all staff were assigned duties consistent with their level of education, training and preparation and experience and did not ensure a nurse administered as needed medications to 1 of 2 sampled residents (#2) who was and could not request the medication and failed to ensure 1 of 3 sampled staff (A) had documentation of annual signed by a healthcare provider and 1 of 3 sampled staff (B) had a freedom from Communicable statement completed by a health care provider.

Findings:

1. An interview was attempted with Resident #1 on at approximately 9:30 AM; due to his he could not appropriately answer any questions.
Record review for Resident #1 revealed a Resident Health Assessment form 1823 that was dated with diagnosis that included type II and

Review of the MORs for and revealed they noted Pam 25 milligrams (mg) one-three times daily if needed for agitation. During an interview with Staff B on at approximately 1 PM, She reviewed the MORs for and and stated her initials were on the MOR because she would give Resident #1 the Pam when he became agitated. She stated the resident could not ask for it. She further stated she was an unlicensed staff (not a nurse).

During an interview with the administrator/owner on at approximately 1:30 PM, she stated she was not aware that the unlicensed staff could not give the as needed medications to residents who were not able to ask for it. She stated the staff would know that the resident was agitated and give it to him.

The administrator was informed unlicensed staff could not make assessments on residents to determine if medications were needed. She was informed that because she was a nurse she

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could make assessments and administer the medications to the resident.

2. Personnel record review for Staff A (administrator/owner) revealed her last statement was dated (due and

Personnel record review for Staff B hired had no documentation to confirm that she was free from Communicable

During an interview with the Administrator/Owner on at approximately 2 PM, she stated she did have her test annually as required and staff B did not have a Freedom from Communicable statement.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Rosemont Gardens, Inc
1842 Kreidt Dr
Orlando, FL 32818

RE: Biennial relicensure

Dear Administrator:

This letter reports the findings of a 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 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 Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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