RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

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

**RE: CCR #2015000473**

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by a representative 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 **2015** 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964613** | **04/07/2015** |
| 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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - Initial Comments**

On an unannounced complaint survey, CCR #2015000473, was conducted at Rosecastle Assisted Living Facility in Lecanto, Florida. Deficient practice was identified at the time of the survey.

**0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC**

Based on interviews and record reviews the facility failed to file an adverse incident in reference to 1 of 5 residents who had a in the facility and sustained a which required a higher level of care ( resident #4).

Findings:

On at approximately 1:30 PM an interview was conducted with a facility nurse (LPN). She stated that resident #4 had a on . He was sent to the hospital where they discovered he broke his leg and is now in rehab.

On a record review was conducted on resident #4 observation log. The log states on resident observed on . He complained of hip pain, has open area on left side of head. 911 was called and resident left with emergency medical services to the hospital. Later that day daughter in-law of resident #4 contacted the facility to inform them resident #4 sustained a left hip .

On at approximately 2:45 PM an interview was conducted with a nurse at the rehabilitation center where resident #4 was admitted for rehab. She stated resident #4 came to rehab because his X-rays show he sustained a displaced hip . His diagnosis is left .

On at approximately 2:49 PM resident #4's social worker stated resident #4 was admitted to their facility on for intensive and orthopedic after care for a he sustained at Rosecastle.

Class III