STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965311	**04/20/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ROSEWOOD MANOR OF VERO BEACH,	**3710 14 TH STREET VERO BEACH, FL 32960**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Extended Congregate Care monitoring survey was conducted on at Rosewood Manor of Vero Beach. The facility had deficiencies found at the time of the visit.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

Based on observation, interview, and record review, it was determined the facility failed to ensure that unlicensed staff that provides assistance with the self administration of medications did so in accordance with the procedures described in Section 429.256, F.S. and this rule. Specifically related to failure rotate application sites for patches per manufacturer's instructions for 1 of 1 sampled residents (Resident #1) with a prescribed patch; and failure to open properly stored medications in front of the resident and identify the medication being provided to the individual resident, for 3 of 3 sampled residents (Resident #1, Resident #2, and Resident #3).
The findings include:
1) During interview and record review conducted with the Administrator, on at approximately 10:15 AM, she was asked for a policy and procedure related to the provision of assistance with medication patches. The Administrator reviewed the policy and procedure binder and could not locate any policy and procedure for this. During interview and record review conducted with the Administrator and Staff A (unlicensed staff that provides assistance with the self administration of medications), on beginning at approximately 10:30 AM, they were asked if they were aware that patch application sites are to be rotated and a patch is not to be applied to the same area more frequently than every 14 days. They both acknowledged that they were not aware of this. They were asked to supply the instruction/informational insert from the package of Resident #1's patches. They opened the medication cart and acknowledged that the insert was no longer with the packaging. They also acknowledged that their MOR (Medication Observation Record) for Resident #1 did not provide an area to document a location of the application site for the patch. Staff A was asked how she determines where the next application site is to be. She stated she rotates from left to right upper chest area. She acknowledged that she does not utilize this resident's back or any other application areas other than the left or right upper chest area. She stated she was not aware that patches needed to be rotated a minimum of no less than 14 days before applying to the same area. She also acknowledged that the facility does not utilize a method to document rotation sites of patches.
A copy of an information insert for was obtained from the website. This document indicated to change the patch every 24 hours at the same time of day. It also noted to change the application site every day to avoid skin irritation and not to use the same spot for at least 14 days after the last application.
2) During this same interview conducted with the Administrator and Staff A, on beginning at approximately 10:30 AM, they were informed that for the 3 residents observed while Staff A was assisting with the self-administration of medications (Residents #1, #2, and #3) that the following concerns were identified:
a) Staff A failed to open the medications from their pharmacy prepared packaging to the souffle cup in front of these 3 residents.
b) Staff B failed to read the medication labels or inform these 3 residents of what medications that they were being provided.
Staff A acknowledged that she did not open the medications in front of the residents nor did she inform the residents

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0052 Continued From page 1

of what medications that she was providing them assistance with.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, interview, and record review, it was determined the facility did not have a method to document the rotation sites for patches, specifically patches, for 1 of 1 sampled residents that receives assistance with self administration of patches (Resident #1).
The findings include:
During interview and record review conducted with the Administrator and Staff A (unlicensed staff that provides assistance with the self administration of medications), on beginning at approximately 10:30 AM, they were asked if they were aware that patch application sites are to be rotated and a patch is not to be applied to the same area more frequently than every 14 days. They both acknowledged that they were not aware of this. They were asked to supply the instruction/informational insert from the package of Resident #1's patches. They opened the medication cart and acknowledged that the insert was no longer with the packaging. They also acknowledged that their 2015's MOR (Medication Observation Record) for Resident #1 did not provide an area to document a location of the application site for the patch. Staff A was asked how she determines where the next application site is to be. She stated she rotates from left to right upper chest area. She acknowledged that she does not utilize this resident's back or any other application areas other than the left or right upper chest area. She stated she was not aware that patches needed to be rotated a minimum of no less than 14 days before applying to the same area. She also acknowledged that the facility does not utilize a method to document rotation sites of patches.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Rosewood Manor Of Vero Beach,
3710 14 Th Street
Vero Beach, FL 32960

Dear Administrator:

This letter reports the findings of a state licensure ECC survey 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 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-Davos
Field Office Manager

AMD/sf
Enclosure
XG90

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