STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965311	09/30/2015
NAME OF PROVIDER OR SUPPLIER **ROSEWOOD MANOR OF VERO BEACH,**	STREET ADDRESS, CITY, STATE, ZIP CODE **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 licensure survey with Extended Congregate Care (ECC) was conducted on 9/29/15 and 9/30/15 at Rosewood Manor of Vero Beach. The facility had deficiencies found at the time of the visit.

0026 Resident Care - Social & Leisure Activities

Based on observation, interviews and record review, the facility failed to ensure an ongoing activities program was provided with diversified individual and group activities in keeping with each resident's needs, abilities, and interests for residents in the secured area.

The findings include:

On , at 9:05 AM, there was no activities calendar observed in the secured area, located in back of the facility. There was only a hand written note directing staff to provide "activities" after breakfast and at 2:00 PM. The facility activities calendar for 2015 was reviewed and consisted of shopping trips, van trips, and other events held in the front dining area of the building.

During interview with Staff D at 10:00 AM on , she stated the facility did not have scheduled activities for the residents in the secured area. During interview with the Administrator at 10:05 AM, she confirmed they did not have activities scheduled for the secured area residents since the residents were not brought to the front area anymore for the scheduled activities. She did not have a separate schedule or alternative activities listed on the main schedule for residents who were not given the opportunity to participate in the current 2015 scheduled activities. The minimum required scheduled activities of 12 hours per week for 6 out of 7 days were not completed for a census of 16 residents in the secured area.

These findings were reviewed with the Administrator during interview at 11:45 AM on . The Administrator was unable to provide any further documentation indicating scheduled activities are consistently offered to the residents in the secured unit.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Rosewood Manor of Vero Beach
3710 14th Street
Vero Beach, FL 32960

Dear Administrator:

This letter reports the findings of a state licensure 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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-Davis
Field Office Manager

AMD/dso
Enclosure: State (5000-3547) Form
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

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.com/AHCAFlorida
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SlideShare.net/AHCAFlorida