STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968211	**12/03/2015**
NAME OF PROVIDER OR SUPPLIER **ROSIE'S MANOR ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1910 SE RAINIER ROAD PORT SAINT LUCIE, FL 34952**	

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

0000 Initial Comments

An unannounced Biennial Relicensure Survey with Extended Congregate Care and Limited Mental Health was conducted on 12/03/2015 at Rosie's Manor Assisted Living Facility. The facility had deficiencies at the time of the visit.

0008 Admissions - Health Assessment

Based on interview and record review, it was determined the facility failed to ensure that each resident's health assessment (a face-to-face medical examination by a health care provider) was completed for 2 of 2 sampled resident records reviewed (Resident #3 and Resident #4).

The Findings included:

1) During interview and review of Resident #3's health assessment (AHCA 1823 form), dated , conducted with the Alternate Administrator on beginning at approximately 9:40 AM, she could not provide an explanation as to why the following sections were not completed:
a) diet order
b) level of assistance required with medications
c) communicable status
d) if needs can be met in an assisted living facility

2) During interview and review of Resident #4's current health assessment (1823 form), dated , conducted with the Alternate Administrator on beginning at approximately 9:40 AM, she could not provide an explanation as to why the following sections were not completed:
a) level of assistance required with medications.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on interview, observation, and record review, it was determined the facility failed to ensure that the required telephone numbers were posted in a common area accessible to all residents of the facility.

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The Findings included:

During observational tour of the facility conducted with Staff F (a staff member that initially identified herself as the Administrator which was later determined to be a core trained staff member that is to soon be appointed as the Administrator, per the Alternate Administrator), on beginning at approximately 7:55 AM, she was asked where all of the advocacy numbers were posted. She pointed out the Ombudsman's poster. She was asked where the following phone numbers were posted:

a) the telephone number for lodging complaints against the facility or the facility staff
b) Rights Florida
c) the Agency Consumer Hotline
d) the statewide toll-free Florida Hotline

She acknowledged that they could not be located in an area that was accessible to residents at the time of this observation. She went into the office at this time. Approximately 15 minutes later a telephone call was received from the Administrator stating that Staff F had at the other facility which is located down the street from this facility and that an ambulance was being called for her. On approximately 5 minutes after this telephone call a staff member from the other facility dropped off a large poster with the advocacy numbers and left immediately. This poster had the material on the back that makes it adhere to the wall. It appeared as if the poster was taken down from the other facility and was brought to this location. Staff A was asked if she knew if this was the poster from the other facility and she shrugged her shoulders to indicate she did not know.

Class

0078 Staffing Standards - Staff

Based on interview and record review, it was determined that the facility failed to ensure that each staff member had evidence of a negative examination on an annual basis, for 2 of 5 sampled staff records reviewed (Staff D and Staff E).

The Findings included:

During interview and staff record review conducted with the Alternate Administrator on beginning at approximately 11:20 AM, she was provided the opportunity to locate documentation of a negative examination on an annual basis (2014 and 2015) for the following staff members:

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Staff D (with a date of hire noted as 1997)
Staff E (with a date of hire noted as)

The Alternate Administrator was not able to locate documentation of a negative examination for 2014 and 2015 for the above 2 noted staff members.

Class III

0079 Staffing Standards - Levels

Based on interview and record review, it was determined the facility failed to ensure they maintained a written work schedule that reflects its 24-hour staffing pattern for a given time period.

The Findings included:

During entrance conference conducted with the Alternate Administrator on beginning at approximately 8:30 AM a copy of the facility's staff schedule was requested. A list of staff names was provided for review by the Alternate Administrator. This document was entitled "facility staff schedule." She was informed that this was not considered a schedule. She replied that 2 of the staff are live-ins and 1 of the staff is utilized as needed. The other staff members noted were the Administrator, the Alternate Administrator, and a newly core certified staff member that is to become the Administrator in the near future. She was asked if she had anything that indicated the actual hours worked by these staff members and on what days. She replied that is not something that they maintain. The regulatory requirement related to maintaining a written work schedule was reviewed specifically related to the facility 24-hour staffing pattern. The Alternate Administrator acknowledged she does not have that for this facility and that she was not aware of this requirement.

Class III

0081 Training - Staff In-Service

Based on interview and record review, it was determined the facility failed to ensure that each staff member that provides direct care to residents received a minimum of 1 hours in-service training within 30 days of employment, specifically related to recognizing and reporting resident , neglect, and , for 1 of 3 direct care staff records reviewed (Staff A).

The Findings included:

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During interview and staff record review conducted with the Alternate Administrator, on 12/03/2015 at approximately 11:20 AM. She was provided the opportunity to locate the training related to recognizing resident , neglect, and for Staff A (with a date of hire noted as). She was not able to locate documentation of this training.

Class

0086 Training - ADRD

Based on interview and record review it was determined the facility failed to ensure that facility staff that have direct care with residents with ADRD (and Related) shall obtain 4 hours of training within 3 months of employment; and additional 4 hours (level II training) within 9 months of employment for 1 of 3 sampled staff files (Staff C). In addition, it was determined through interview and record review that the facility failed to ensure that direct care staff shall participate in 4 hours of continuing education annually related to ADRD for 1 of 3 sampled staff files (Staff A).

The Findings included:

During interview and staff record review conducted with the Alternate Administrator on beginning at approximately 11:20 AM, she was provided the opportunity to locate the level I and level II trainings for Staff C (with a date of hire noted as /). The Alternate Administrator stated that this staff member did not have this training. The annual training of 4 hours was not located for Staff A (date of hire noted as) The 2014 or 2015 annual training could not be located. A review of the facility's brochure was conducted at this time with the Alternate Administrator and it reflected " -trained staff and Memory Care (Levels I, II, III) services."

Class

E210 ECC - Training

Based on interview and record review, it was determined the facility failed to ensure that the Administrator and the Extended Congregate Care Supervisor completed 4 hours of continuing education every 2 years in topics relating to the physical, , or social needs of the frail elderly and person, or persons with or related , for 2 of 2 sampled staff records (Staff D and Staff E). In addition, based on interview and record review, it was determined the facility failed to ensure that all direct care staff in an extended congregate care program completed at least 2 hours of in-service training within 6 months of beginning employment with the facility for 1 of 3 sampled direct care staff (Staff C).

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The Findings included:

During interview and staff record review conducted with the Alternate Administrator on 12/03/2015 beginning at approximately 11:20 AM, she was provided the opportunity to locate the Administrator's (Staff D with date of hire noted as 1997) and the ECC (Extended Congregate Care) Supervisor's (Staff E with date of hire noted as) 4 hours of continuing education in topics relating to the physical, , or social needs of the frail elderly and person, or persons with or related . She was not able to locate this documentation (ECC training) as the last training in ECC topics was conducted for these 2 individuals on / . The Alternate Administrator was also not able to locate any ECC training for Staff C (with date of hire noted as /) and 2 hours was due within 6 months of hire.

Class

L243 LMH - Training

Based on interview and record review, it was determined the facility failed to ensure that staff in direct contact with mental health residents received 6 hours of specialized training in working with individuals with mental health diagnoses within 6 months of hire for 2 of 5 direct care staff (Staff B and Staff E). In addition, based on interview and record review, it was determined the facility failed to ensure that staff in direct contact with mental health residents received a minimum of 3 hours of continuing education biennially in topics relating to mental health, for 1 of 5 direct care staff (Staff A).

The Findings included:

During interview and staff record review conducted with the Alternate Administrator on beginning at approximately 11:20 AM, she was provided the opportunity to locate training in working with individuals with mental health diagnoses within 6 months of hire for Staff B (with a rehire date of) and Staff E (with a date of hire noted as /). She was also provided the opportunity to locate 3 hours of continuing education in mental health topics for Staff A (with a date of hire noted as). This documentation was not located for the above noted staff members.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Rosie's Manor ALF
1910 SE Rainier Road
Port Saint Lucie, FL 34952

RE: Relicensure survey with Extended Congregate Care (ECC) and Limited Mental Health (LMH)

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
XG90

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