AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965158	12/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSECASTLE AT DELANEY CREEK	**320 S LAKEWOOD DRIVE BRANDON, FL 33511**

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

0000 Initial Comments

ASSISTED LIVING FACILITY

EXTENDED CONGREGATE CARE (ECC)
MONITORING VISIT

An Extended Congregate Care Monitoring Visit was conducted at Rosecastle at Delaney Creek Assisted Living Facility on 12/18/15. Rosecastle at Delaney Creek had deficiencies at the time of the Monitoring Visit.

E206 ECC - Service Plans

Based on record review and interview, the facility failed to ensure the Extended Congregate Care (ECC) Service Plan for Resident #1 was signed by the Resident or Resident's Responsible Party.

Findings included:

Review of the closed clinical record for Resident #1 contained an AHCA (Agency for Healthcare Administration) Form 1823. Page 4 of Form 1823 indicated the Resident was receiving "O2 ( ) Continuous at 2L (two liters per minute). Concentrator at night." Page 5 of Form 1822, dated / , was signed by the Resident's ARNP (Advanced Registered Nurse Practitioner). The Director of Nursing indicated in an interview on 12/18/15 at 11:35 a.m. that Page 5 of the Form 1823, containing "Section 3: Services Offered or Arranged by the Facility for the Resident" was the Resident's ECC Service Plan. Page 6 of the Form 1823 contained Resident #1's name in the "Name of Recipient or Guardian" section and under "Signature of Recipient or Guardian," "unable to sign" was written. There was no documentation in the Resident's closed clinical record the Resident or Resident's Responsible Party agreed to the ECC Service Plan.

Class III

E208 ECC - Records

Based on record review and interview, the facility failed to ensure appropriate Nursing Progress Notes and Monthly Nursing Assessments were documented for Resident #1.

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings included.

The "Interdisciplinary/Progress Notes" for Resident #1 were reviewed fron . ./ ./ . through . . ./ ./ . related to the ECC (Extended Congregate Care) service of continuous use starting in . 2015. The use of . . was only documented on the following dates:
- / / on the 7:00 a.m. to 3:00 p.m. and 11:00 p.m. to 7:00 a.m. shifts,
- / / on the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shifts,
- // / on the 7:00 a.m. to 3:00 p.m. shift. and
- // on the 7:00 a.m. to 3:00 p.m. shift.

Resident #1's closed clinical record contained a "LNS/ECC Monthly Nursing Assessment" Form completed by an LPN. with RN Oversight signed by RN, dated . . ./ ./ . . No "LNS/ECC Monthly Nursing Assessment" Form was found for . 2015.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted] 31, 2015

Administrator
Rosecastle At Delaney Creek
320 S Lakewood Drive
Brandon, FL 33511

Dear Administrator:

This letter reports the findings of a extended congregate care (ECC) monitoring visit that was conducted on [redacted] 18, 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. **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 [redacted], 2016.** 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

For Patricia Reid Cauffman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410-A
St. Petersburg, FL 33701
Phone:(727) 552-2000 Fax: (727) 552-1192
AHCA.MyFlorida.com