STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965234	**05/04/2016**
NAME OF PROVIDER OR SUPPLIER **ROSEWOOD GARDENS INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **643 NE LAGOON LANE PORT SAINT LUCIE, FL 34983**	

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

0000 Initial Comments

Unannounced licensure complaint surveys, CCR#2016001453 and CCR#2016001582, was conducted on 05/04/2016 at Rosewood Gardens of Port Saint Lucie, Inc. The facility had deficiencies at the time of the investigation.

0008 Admissions - Health Assessment

Based on interview and record review, it was determined this facility failed to maintain a current health assessment on file, for 1 of 3 sampled residents (Resident #3).

The Findings included:

During interview and record review conducted with the Administrator, on beginning at approximately 11:30 AM, she was provided the opportunity to locate a current health assessment (1823 form) for Resident #3. This resident was noted to have been admitted to this facility on and the only health assessment that could be located by the Administrator was dated / (two years prior to admission). The Administrator stated that a "State Lady" came in to conduct an investigation and she took Resident #3's original health assessment that was dated for his admission to this facility. The Administrator stated the "State Lady" said she would fax a copy back to the facility of this health assessment, but that she never did that.
At the time of this interview and record review, the Administrator was asked if Resident #3 had any skin conditions. She replied that he did have a to his forehead when he was admitted. She was asked if there was any documentation related to this area upon admission. She provided a hand written note, dated , that this resident went to the "rest his forehead on the wall when holding on the bar in the scrape his forehead on the wall". He was then noted to have picked his forehead and "tear off skin". This note indicated that he was asked to go to the doctor and he refused. The Administrator stated Resident #3 was admitted with this and then it opened up when he rested his head on the wall. The Administrator could not provide an explanation as to why a from Resident #3's admission date of was still present on . She was asked if she had any incident reports related to Resident #3's area. She stated she did not as he was admitted with the on his forehead. She acknowledged that she did not have any other documentation about Resident #3's or a current health assessment on file for this resident.

Class III

0078 Staffing Standards - Staff

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Based on interview and record review,the facility failed to ensure that documentation was maintained within 30 days of employment to reflect a written statement from a health care provider that each staff member does not have any signs or symptoms of communicable for 1 of 3 sampled staff (Staff C). In addition, based on interview and record review that a negative examination was documented on an annual basis for 3 of 3 sample staff (Staff A, Staff B, and Staff C).

The Findings included:

1) During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:00 AM, she was provided the opportunity to locate documentation to reflect that Staff C (a Registered Nurse serving as the facility's Limited Nursing Service Nurse with a date of hire noted as) had a written statement from a health care provider that she did not have any signs or symptoms of communicable .

2) During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:00 AM, she was provided the opportunity to locate documentation to reflect that each staff member had evidence of a negative examination documented on an annual basis, specifically for 2015 for the following staff members:

Staff A: (Administrator with a date of hire noted as /)
Staff B: (Direct Care Staff with a date of hire noted as /)
Staff C: (Registered Nurse with a date of hire noted as)

The Administrator was not able to locate this documentation for the above noted staff members. She acknowledged this documentation was not in the binder containing employee information.

Class III

0081 Training - Staff In-Service

Based on interview and record review, it was determined the facility failed to maintain documentation of in-service training within 30 days of date of hire, for 2 out of 3 direct care staff (Staff B and Staff C).

The Findings included:

1) During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:00 AM, she was provided the opportunity to locate documentation to reflect that Staff B (with a date of hire noted as /) had received in-service training regarding

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the facility's elopement response policies and procedures within 30 days of employment. The Administrator could not locate this documentation and acknowledged that it was not on file at this time.

2) During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:00 AM, she was provided the opportunity to locate documentation to reflect that Staff C (with a date of hire noted as) had received in-service training regarding reporting resident , neglect, and within 30 days of employment. The Administrator could not locate this documentation and acknowledged that it was not on file at this time. She stated this staff member is a Registered Nurse and the facility's Limited Nursing Service Nurse and is not required to have this training. The Administrator stated that Staff C has not provided care to any residents of this facility and that she has only provided staff training related to providing assistance with the self-administration of medications at this facility. She was asked who she would utilize if she got a limited nursing service resident. She replied Staff C.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, it was determined the facility failed to provide its residents with a safe living environment , for 2 of 2 sampled residents currently residing at this facility (Resident #1 and Resident #2).

The Findings included:

During an observational tour that was conducted, on beginning at approximately 9:20 AM, with the Administrator the following concerns were identified:

1) Kitchen concerns (photographic evidence obtained): multiple insects were located on the shelves in food pantry that contained boxed and canned food products; there was a brown substance all around sink area; there was a box of roach bait with a tube of the actual bait on the kitchen counter; there were several roaches on floor in kitchen under a table that contained uncooked potatoes; the toaster oven was heavily soiled and encrusted with debris on the interior and exterior of this appliance.

2) Resident (photographic evidence obtained): broken shower chair with sharp edges on the seat of the chair; and the toilet was unclean as it was splattered with brown matter.

3) Living (photographic evidence obtained): love seat back in disrepair; back cushion is

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separating from the back of the love seat.

All concerns were addressed with the Administrator and she acknowledged them at this time. She was asked for pest control service reports (which she stated she did not have them). She stated it was about 2 months ago that they (pest control company) had been in to treat and bait the house and that is why the insects were in the food panty and on the kitchen floor. She was asked why the inspects were not cleaned up. She then proceeded to brush them onto the floor with her bare hands from the food pantry. She did not provide an explanation as to why the insects had not been cleaned up by facility staff.

The Administrator was asked for pest control service reports. She stated she did not maintain those reports and could not provide them for review.

Class III

0160 Records - Facilitv

Based on interview and record review it was determined the facility failed to maintain an up-to-date admission and discharge log listing the names of each resident; date of admission; place they were admitted from; date of discharge; reason for discharge; and location of discharge for 5 of 6 sampled residents reviewed (Residents #2, #3, #4, #5, and #6).

The Findings included:

Review of the facility's admission log was conducted with the Administrator on beginning at approximately 10:05 AM. She acknowledged that it was not updated to include Resident #2; nor the discharge of Resident #3 and 3 other random residents noted on this log.
During review of the facility's admission and discharge log and interview conducted with the Administrator, on beginning at approximately 10:05 AM, she acknowledged that this document had not been maintained/updated to reflect admission and discharge information for 5 residents as follows:

a) Resident #2: admitted on / was not noted on this admission and discharge log
b) Resident #3: the location and reason for discharge was not noted on this log
c) Resident #4: date; reason; and place of discharge was not noted on this log
d) Resident #5: date; reason; and place of discharge was not noted on this log
e) Resident #6: date; reason; and place of discharge was not noted on this log

Class

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0162 Records - Resident

Based on interview and record review it was determined the facility failed to maintain a copy of the resident's health assessment form (AHCA 1823 described in Rule 58A-5.0181, F.A.C.) for 1 of 3 sampled residents (Resident #3).

The Findings included:

During interview and record review conducted with the Administrator, on beginning at approximately 11:30 AM, she was provided the opportunity to locate a current health assessment (1823 form) for Resident #3. This resident was noted to have been admitted to this facility on and the only health assessment that could be located by the Administrator was dated / (two years prior to admission). The Administrator stated that a "State Lady" came in to conduct an investigation and she took Resident #3's original health assessment that was dated for his admission to this facility. The Administrator stated the "State Lady" said she would fax a copy back to the facility of this health assessment, but that she never did that.
At the time of this interview and record review, the Administrator was asked if Resident #3 had any skin conditions. She replied that he did have a to his forehead when he was admitted. She was asked if there was any documentation related to this area upon admission. She provided a hand written note, dated , that this resident went to the "rest his forehead on the wall when holding on the bar in the scrape his forehead on the wall". He was then noted to have picked his forehead and "tear off skin". This note indicated that he was asked to go to the doctor and he refused. The Administrator stated Resident #3 was admitted with this and then it opened up when he rested his head on the wall. The Administrator could not provide an explanation as to why a from Resident #3's admission date of was still present on . She was asked if she had any incident reports related to Resident #3's area. She stated she did not as he was admitted with the on his forehead. She acknowledged that she did not have any other documentation about Resident #3's or a current health assessment on file for this resident.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Rosewood Gardens Inc.
643 Ne Lagoon Lane
Port Saint Lucie, FL 34983

RE: CCR #2016001483 & #2016001582

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 , **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 representative. Should you have any questions please call this office at 561-381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dlt
Enclosure

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida