RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Rose Manor
14180 Amero Ln
Spring Hill, FL 34609

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) of this office.

Enclosed 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 surveyor(s). Should you have any questions please call Chuck Bory at 386-462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure
XG90

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Alachua, FL 32615-5669
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967880	07/13/2016
NAME OF PROVIDER OR SUPPLIER **ROSE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **14180 AMERO LN** **SPRING HILL, FL 34609**	

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

0000 Initial Comments

On , a biennial re-licensure survey was conducted at Rose Manor Assisted Living Facility (facility license number 11884). Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to obtain omitted information for 1 of 2 residents' (Resident #5) Resident Health Assessment (AHCA Form 1823).

Findings:

On , a record review was conducted on Resident #5's Resident Health Assessment (AHCA Form 1823), dated . It was observed to be missing the following information:

Page 1: Physical or Sensory Limitations, Special Precautions, Elopement Risk

Page 2: Ambulation, bathing, dressing, self-care, toileting, and transferring are missing comments to describe supervision and/or assistance requirements.

Special Diet Instructions is blank.

Page 3: Preparing Meals and Shopping are missing comments to describe supervision requirements.

Page 4: Does the individual need help with taking his or her medications? Question not answered. Type of assistance for medications is not marked. Address of examiner not completed.

Page 5: This page is blank.

On at 3:47 PM, an interview was conducted with the Administrator and all blank items on each page were confirmed. She reported this is "typically how they come in" referring to blanks on the Resident Health Assessment (AHCA Form 1823).

Class III

0055 Medication - Storage and Disposal

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Based on observation and interview, the facility failed to store discontinued medications and staff personal medication in a secured, central location for 1 or 6 residents (Resident #5) and for 1 of 3 staff (Staff A).

Findings:

On / at 10:30 AM surveyor opened the drawer to the black tool box located in the kitchen and observed 2 pill bottles, a tan prescription bottle and a white over-the-counter bottle, in the drawer accessible to staff and residents (photo taken).

On at 10:30 AM, an interview was conducted with Staff A who reported the black tool box is no longer a medication cart. She reported that medications are now stored in the cabinet. She showed surveyor a locked cabinet in the kitchen to the right of the refrigerator and above the printer (top cabinet). She reported the prescription medication was ( ) prescribed to Resident #5 that was discontinued "yesterday." She reported Resident #5's doctor changed his medication to while he was in the hospital. She further confirmed the medication in the white bottle was her personal medication that she described as an over-the-counter anti- medication. She reported she has not had a chance to put them away. Staff A immediately took the medications from the drawer and reported that she gave the medication to the Administrator who is taking care of it.

Class III

0161 Records - Staff

Based on record review and interview, the facility failed to ensure staff records for 1 of 3 staff (Staff C) contained a copy of the employment application with references.

Findings:

On / , a record review of Staff C was conducted and was missing the employment application with references.

On / at 2:34 PM, an interview was conducted with the Administrator who reported, "I still don't have her application. I'll have her fill one out when she comes in."

Class III