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 **second** State Licensure Revisit Survey conducted on 15, 2016 by representative(s) of this office.

Enclosed is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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,

Charles Bory for

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure

YOSF

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967880	R
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 follow up to the biennial survey was conducted at Rose Manor Assisted Living Facility, License #11884. Rose Manor Assisted Living Facility had deficiencies at the time of the survey.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to obtain omitted information on the Resident Health Assessment (AHCA Form 1823) for 2 of 3 residents sampled (Resident #3 and #4).

Findings:

1. On , a record review was conducted on Resident #4's Resident Health Assessment (AHCA Form 1823), dated __/__/__. It was observed to be missing the following information:

Page 1 - Page 5: Resident's Name and D.O.B. were missing on the top of each page.
Page 1: The facility's address and telephone number was missing. Resident's Weight was missing.
Page 2: Complete
Page 3: The section "Ability to Perform Self-Care Tasks" is incomplete and the "General Oversight" section is completely blank.
Page 4: The entire medication section is blank with the exception of a hand-written notation that reads "List provided" - no list of medications is attached. Medical Certification is incomplete - address and telephone of the examiner not completed.
Page 5: This page is completely blank.

On at 11:06 AM, an interview was conducted with the Administrator and she confirmed all the omitted sections of the AHCA Form 1823 for Resident #4 . She reported,"we thought we had reviewed them all, but I guess not." She also added that Resident #4 is going to the doctor today, I will email them an AHCA Form 1823 today and request that they complete a new one."

2. On , a record review of the Resident Health Assessment (AHCA Form 1823) for Resident #3 revealed the following areas were incomplete:
Page 1: Resident name and date of birth is missing. Facility name reads: ' Access Health, ' not the name of the Assisted Living Facility. Known is blank.
Page 3: Section A: Ability to perform Self-Care Tasks is missing comments to explain the extent and type of assistance that is necessary.
Page 4: Page 4 is missing. Page 4 contains the resident's type of need for taking medications and the medical certification.

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SUMMARY STATEMENT OF DEFICIENCIES
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Page 5: Signature of the Administrator and date is missing.
An interview was conducted with Staff A, Caregiver, on [redacted] at 10:45 AM. She confirmed the 1823 belonged to Resident #3. She did not know who 'Access Health' was. She did not know where page 4 was.
An interview was conducted with the Administrator on [redacted] at 11:06 AM. She confirmed Resident #3's name was not on the health assessment. She further confirmed there was no page 4 in the chart.
Class III