

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/15/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965311	(X3) DATE SURVEY COMPLETED 12/01/2016
NAME OF PROVIDER OR SUPPLIER ROSEWOOD MANOR OF VERO BEACH,	STREET ADDRESS, CITY, STATE, ZIP CODE 3710 14 TH STREET VERO BEACH, FL 32960	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interviews, the facility failed to register and maintain employee records in the Care Provider Background Screening Clearinghouse as required for 22 current and 10 prior employees (Employees #1, #3 through #14, #18 through #26, and Prior Employees #1 through #10).

The findings included:

Review of the facility's Employee Roster was conducted / with the Administrator and Assistant Administrator present. The following concerns were identified:

- Employee #1 was hired as a Home Health Aide (HHA). The employee was not listed on the facility's Employee Roster.
- Employee #3 was hired as a HHA. The employee was not listed on the facility's Employee Roster.
- Employee #4 was hired as a HHA. The employee was not listed on the facility's Employee Roster.
- Employee #5 was hired / as a HHA. The employee was not listed on the facility's Employee Roster.
- Employee #6 was hired as a Certified Nurse Aide (CNA). The employee was not listed on the facility's Employee Roster.
- Employee #7 was hired as a CNA. The employee was not listed on the facility's Employee Roster.
- Employee #8 was originally hired as a HHA. The employee separated from the facility on . The employee was re-hired on . The employee was not listed on the facility's Employee Roster.
- Employee #9 was hired as a HHA. The employee was not listed on the facility's Employee Roster.
- Employee #10 was hired as a CNA. The employee was not listed on the facility's Employee Roster.

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10. Employee #11 was hired 11/05/2014 as a HHA. The employee was not listed on the facility's Employee Roster. 11. Employee #12 was hired / as a HHA. The employee was not listed on the facility's Employee Roster. 12. Employee #13 was hired as a HHA. The employee was not listed on the facility's Employee Roster. 13. Employee #14 was originally hired about 2 years prior as a HHA. The employee separated from the facility on an unknown date. The employee was re-hired on . The employee was not listed on the facility's Employee Roster. 14. Employee #18 was hired / as a HHA. The employee was not listed on the facility's Employee Roster. 15. Employee #19 was hired as a CNA. The employee was not listed on the facility's Employee Roster. 16. Employee #20 was hired in 2002 as a CNA. The employee was not listed on the facility's Employee Roster. 17. Employee #21 was hired as a part-time Bus Driver. The employee was not listed on the facility's Employee Roster. 18. Employee #22 was hired as a Cook. The employee was not listed on the facility's Employee Roster. 19. Employee #23 was hired as a Cook. The employee was not listed on the facility's Employee Roster. 20. Employee #24 was hired // as a Housekeeper. The employee was not listed on the facility's Employee Roster. 21. Employee #25 was hired to perform Maintenance. The employee was not listed on the facility's Employee Roster.		

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22. Employee #26 was originally hired 07/11/2016 as a Kitchen Aide. The employee separated from the facility on /2016. The employee was re-hired on /2016. The employee was not listed on the facility's Employee Roster.

During an exit conference with the Administrator, it was confirmed that the aforementioned current and past employees were not listed and/or maintained on the roster. The facility provided no additional information.

Unclassified

2815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on record review and interviews, the facility failed to ensure employees with access to residents and their living areas and records obtained eligible Level II background screenings, for 3 of 8 sampled Employees (Prior Employee #1, Employees #14 and #21).

The findings included:

Employee record review was conducted // with the Administrator and Assistant Administrator present. The following concerns were identified:

1. Prior Employee #1 was hired on as a Home Health Aide (HHA). She separated from the facility on , more than 2 months later. Review of her employee records revealed a background screening status dated // as "not eligible". In an interview conducted // at 11:10 AM, the Administrator stated Prior Employee #1 had problems with her background screen and was told she had to apply for a waiver to become eligible. She confirmed Prior Employee #1 worked at the facility from until . A review of her current background screening status conducted // revealed she was "not eligible".

2. Employee #21 was hired on as a part-time transportation driver. Review of his employee records revealed no background screening and no Affidavit of Compliance with Background Screening Requirements. In an interview conducted // at 11:10 AM, the Administrator stated he was the driver for the facility owner's 2 other facilities and she would ask one of the other facilities to fax his background screening documents. At the time of survey exit on // , and in an interview conducted with the Administrator on at 11:45 AM, it was confirmed no documentation showing compliance with background screening requirements was received.

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3. Employee #14 was hired on 05/08/2016 as a HHA. Review of her employee records revealed a background screening status dated / / which was verified by the facility on . Further record review revealed no documentation showing if she was employed in a position requiring Level II background screening for the 90 days prior to her hire on . In an interview conducted / at 11:45 AM, the Administrator provided the following information. Employee #14 was originally hired about 2 years prior and separated from the facility, separation date unknown. She was re-hired on . The facility did not verify if she was employed as required, nor did they obtain an updated Level II eligibility status when she was re-hired.

These concerns were discussed with and acknowledged by the Administrator on at 11:45 AM. The Administrator provided no additional information.

Unclassified



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

_____, 2016

Administrator
Rosewood Manor Of Vero Beach,
3710 14 Th Street
Vero Beach, FL 32960

RE: CCR #2016010105

Dear Administrator:

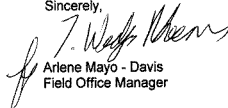
This letter reports the findings of a State Licensure Survey that was conducted on _____, 2016 by a representative from this office.

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/jw
Enclosure

XG90

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