STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966877	01/11/2017
NAME OF PROVIDER OR SUPPLIER **ROSEMONT GARDENS, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1842 KREIDT DR** **ORLANDO, FL 32818**	

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

0000 - Initial Comments

An abbreviated biennial re-licensure survey was conducted at Rosemont Gardens (license #10977) on 01/11/2017. There were deficiencies found at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on personnel record review and interview the facility failed to obtain an annual statement from the health care provider for 2 of 2 sampled Staff (A, B) documenting freedom from communicable and ( ).

Findings:

Personnel Record review for Staff A (caregiver, hired /), revealed no documentation to confirm she was free from .

Personnel record review for Staff B (administrator, hired /), revealed no documentation for freedom from communicable and the last documentation for freedom from was dated .

On / / at 1:00 PM, the administrator confirmed that the documentation was not in the records.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to have evidence showing that 1 of 2 sampled staff had received the required in-service training in Resident Behavior and Needs and providing assistance with the Activities of Daily Living (ADL) within 30 days of employment (A).

Findings:

A review of Staff A's personnel record revealed she had not received a minimum of 3 hours in-service training that covered Resident behavior and needs and Providing assistance with the activities of daily living. Staff A was hired on / / .

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SUMMARY STATEMENT OF DEFICIENCIES
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In an interview with the administrator on 1/11/17 at 1:00 PM, she stated that Staff A had been a CNA, and therefore was exempt from that requirement. Upon further review, the administrator did confirm that Staff A's certification as a CNA expired on 1/ and she did not renew, and therefore did require the training.

Class III

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	AL11966877	**01/11/2017**
NAME OF PROVIDER OR SUPPLIER **ROSEMONT GARDENS, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1842 KREIDT DR ORLANDO, FL 32818**	

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

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

Based on Agency Clearinghouse Website Review and interview, the facility failed to register and maintain the employment status of employees within the Agency's Background Screening Clearinghouse for 1 of 2 sampled staff employees (A & B)

Findings:

Review of the Agency's Background Screening website for 2 sampled staff revealed that Staff A and B were not on the clearinghouse roster for the facility.

In an interview with the administrator on // // at 1:00 PM, she confirmed none of her current employees were on the roster and said she was not aware she had to do that.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Rosemont Gardens, Inc
1842 Kreidt Dr
Orlando, FL 32818

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2017 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 , 2017.** 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 Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

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