STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967589	01/19/2017
NAME OF PROVIDER OR SUPPLIER **ROSIE'S PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1102 SW IVANHOE STREET** **PORT SAINT LUCIE, FL 34983**	

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

0000 - Initial Comments

An unannounced Re-Licensure with Extended Congregate Care (ECC) and Limited Mental Health (LMH) survey was conducted on 19, 2017 at Rosie's Place (License #11602). The facility had deficiencies identified at the time of the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and an interview, the facility failed to ensure that a health assessment (AHCA Form 1823) had addressed all of the required criteria accurately to determine appropriateness for Assisted Living Facility residency, for 2 out of 2 sampled residents (Residents #1 and #2).

The findings included:

a) Review of the record for Resident #1 revealed he had a health assessment (AHCA Form 1823) dated / with the following criteria not addressed:

1. Diagnoses and medical history.
2. Physical or sensory limitations.
3. or behavioral status.
4. Nursing/treatment/ service requirements.
5. Special precautions.
6. Elopement risk inquiry.
7. Diet instructions.
8. Communicable inquiry.
9. Bedridden inquiry.
10. Pressure inquiry.
11. Danger to self or others inquiry.
12. 24 hour nursing or care inquiry.
13. Appropriate for ALF placement inquiry.
14. Medication assistance inquiry.

b) Review of the record for Resident #2 revealed she had a completed health assessment (AHCA Form 1823) dated that documented she required "total" assistance with bathing and toileting. The assessment also noted that this resident was an "elopement risk".

During interview with the resident on / / at 12:25 PM, she stated she receives assistance with bathing and toileting, with staff standing by to ensure she doesn't . Staff A stated during interview at

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11:00 AM on 1/19/17 that Resident #2 does not attempt to exit the facility at any time and does not wander.

The Administrator was interviewed at 1:00 PM on I/ and confirmed that Resident #2 is not an elopement risk and does not require "total" care with any of her activites of daily living (ADLs). The assessment in the Resident #2's record was inaccurate and did not reflect the resident's current status.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on medication record review and staff interview, the facility failed to ensure Medication Observation Records (MORs) were completed accurately and up-to-date, for 5 of 5 sampled records reviewed (Residents #1, #2, #3, #4 and #5).

The findings included:

On / , during review of the 2017 Medication Observation Records (MORs) for sampled residents, the following records were found to having missing documentation related to the provision of medication ordered:

A) Resident #1:
1) On / at 8:00 PM, there are no staff initials indicating this resident's was provided as ordered.
2) On I/ at 8:30 AM, the 6:00 AM dose of was not documented as given. The medication was later included in the disbursement of the resident's morning medications at 8:53 AM. The MOR was determined to be inaccurate for the time that the resident received assistance with medication. The correct time for the medication to be provided on the MOR should be 9:00 AM, according to the Administrator and Manager, during interview at 12:50 PM on I/ .
B) Resident #2:
1) On I/ / at 8:30 AM, the 6:30 AM dose of was not documented as given. The medication was later included in the disbursement of the resident's morning medications. The MOR was determined to be inaccurate for the time that the resident received assistance with medication. The correct time for the medication to be provided on the MOR should be 9:00 AM, according to the Administrator and Manager, during interview at 12:50 PM on I/ / .
C) Resident #3:
1) On I/I/ , I/ , I/ , I/ , I/ and I/ at 8:00 AM, there are no staff initials indicating this resident's Pradaxa was provided as ordered. On I/ / - I/ / , I/ / and I/ at 8:00 PM, there

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are no staff initials indicating this resident's Pradaxa was provided as ordered.
2) On / / - / at 8:00 AM and 8:00 PM, there are no staff initials indicating this resident's Cream was provided as ordered.
3) On / / - / at 8:00 PM, there are no staff initials indicating this resident's was provided as ordered.
4) On / / - / at 8:00 PM, there are no staff initials indicating this resident's was provided as ordered.
D) Resident #4:
1) On / at 8:30 AM, the 6:00 AM dose of was not documented as given. The medication was later included in the disbursement of the resident's morning medications. The MOR was determined to be inaccurate for the time that the resident received assistance with medication. The correct time for the medication to be provided on the MOR should be 9:00 AM, according to the Administrator and Manager, during interview at 12:50 PM on / .
E) Resident #5:
1) On / / - / at 8:00 PM, there are no staff initials indicating this resident's was provided as ordered.
During interview with the Administrator on / / at 12:50 PM, she acknowledged the aforementioned findings. The MORs had not been completed at the time the medications were disbursed, and were not up-to-date.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and staff interview, the facility failed to secure refrigerated medications, for 1 of 5 residents (Resident #3).

The findings included:

On / at 10:30 AM, a small unlocked refrigerator was observed in the living residents had free access. Inside of the refrigerator was a small, unsealed box located containing Lantus injectable pens for Resident #3. Resident #3 stated during interview at this time that this was her medication and she obtained the injectable pens when it was time to administer them to herself. Staff A also stated during interview at this time that the medication was kept in this unsecured refrigerator for Resident #3. These medications were not in a secured container within the refrigerator and were accessable by any person.

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Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and an interview, the facility failed to ensure "as needed (PRN)" medication listed on the Medication Observation Record (MOR), for 2 out of 5 sampled residents (Residents #1 and #3), had specific instructions for use, including the circumstances under which it would be appropriate for the resident to request the medication and any limitations.

The findings included:

a) On / at 12:00 PM, the 2017 MOR for Resident #1 was reviewed and listed " 325 mg two tablets by mouth every 6 hours as needed/PRN". There were no instructions listed for what reason the resident was to receive this medication.

b) On / at 12:00 PM, the 2017 MOR for Resident #3 was reviewed and listed " Solution 10 GM/15 ML by mouth twice daily as needed/PRN; Voltaren Gel 1% Apply as directed twice daily as needed/PRN; 25 mg one tablet by mouth three times a day as needed/PRN." There were no instructions listed for what reason the resident was to receive this medication.

These findings were discussed with the Administrator at this time. She acknowledged that specific instructions for the use of PRN medications was not listed on the MORs for the aforementioned medications.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and an interview, the facility failed to ensure a staff member who has completed courses in both First Aid and , and holds a currently valid card documenting completion of such courses, was in the facility at all times.

The findings included:

Review of the personnel file for Staff A who works 24 hour shifts alone with residents revealed no current training with a valid card in First Aid. Staff A was observed in sole charge of residents on / at 8:00 AM. Review of Staff A's personnel file revealed Staff A did not have current training with a valid card in

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First Aid on file. Staff A had a card showing current training in only.

The Administrator was interviewed at 12:50 PM on /17 and acknowledged that the documented training in First Aid was not present and available for review for this staff member who was left in sole charge of residents. The facility provided no additional documentation of the required training for review at this time.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observation, record review and an interview, the facility failed to ensure that 1 out of 2 sampled unlicensed staff members (Staff A) who provided assistance with self-administered medications had successfully completed 2 hours of annual continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF.

The findings included:

The personnel file for Staff A was reviewed for documentation of a minimum of 2 hours of continuing education training annually on providing assistance with self-administered medications and safe medication practices in an ALF. There was no documentation of this training dated within the previous year for this unlicensed resident aide who provided assistance with self-administration of medication to residents. Staff A was observed assisting residents with self-administration of medication on at 8:45 AM.

The Administrator was interviewed at 12:50 PM on and ackowledged that the training documentation was not available for review. There was no additional documentation of the required training presented at the time of the survey.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review and interviews, the facility failed to ensure training certificates were kept in the personnel file for 1 out of 2 sampled staff (Staff B).

The findings included:

On , the personnel file for Staff B was reviewed. Staff B hired on . The following

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certificates of training could not be located in the personnel file:

a) Resident Rights and , Neglect and (1 hour)
b) Incident Reporting and the Facility's Emergency Procedures (1 hour)

Staff B stated during interview on / at 12:30 PM that she had completed these trainings over the 15 years she had worked for this owner. The Administrator stated during interview at 12:50 PM on / / that the certificates of training had been completed but were at another location. There was no additonal documentation presented at this time.

Class

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and an interview, the facility failed to ensure a copy of written informed consent to have unlicensed staff assist the resident with the self-administration of medication was kept on file (or noted in the resident's contract) for 1 out of 2 sampled residents (Resident #2).

The findings included:

On / / at 12:45 PM, the record for Resident #2 was reviewed for written consent to receive assistance with self-administration of medication from unlicensed personnel. Written consent for this resident was not available for review. The Administrator acknowledged this finding during interview at this time.

Class

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Rosie's Place
1102 SW Ivanhoe Street
Port Saint Lucie, FL 34983

Re: **Relicensure, Extended Congregate Care (ECC) and Limited Mental Health (LMH)**

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on , 2017 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 11, 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 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

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