STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968866	08/07/2017
NAME OF PROVIDER OR SUPPLIER **ROSEWELL HOME AND RESIDENTIAL CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3366 SW VENDOME ST** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

A Relicensure survey was conducted on at Rosewell Home And Residential Care LLC, License #12708 . The Rosewell Home and Residential Care assisted living facility had deficiencies identified at the time of the visit.

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

Based on record review and interview, the facility failed to have completed the resident health assessments for 2 out of 2 sampled residents (Residents #1 and #2).

The findings are:

Review of Resident #1 health assessment dated on indicated that the resident was diagnosed with Parkinson's and bowel incontinence, and memory loss. Review of the resident's assessment indicated that he needed assistance with all of his activities of daily living (ADLs), including eating and . Further review of this health assessment indicated that the physician extender did not comment to the extent and type of ADL assistance the resident needed to receive from the facility staff members and page 5, section 3 did not have the resident's name and signature to represent that the resident received this health assessment and understood the care services he was to receive in the facility.

Review of Resident #2 health assessment dated on indicated that the resident was diagnosed with and . Review of the resident's assessment indicated that she needed assistance with her ADLs, including ambulation and transferring. Further review of this health assessment indicated that the physician extender did not comment to the extent and type of ADL assistance the resident needed to receive from the facility staff members and page 5, section 3 did not have the resident's signature to represent that the resident received the health assessment and understood the care services she was to receive in the facility.

In an interview with the Administrator on at 4:10pm, she stated that the health assessments for Residents #1 and 2 were not completed since the residents' physician extenders did not include comments to the extent and type of ADL assistance the residents needed and the facility did not ensure to have the assessments signed by the residents or their representatives. She stated that the facility did not make any efforts to contact the residents' physician extenders so as to determine the extent and type of ADL assistance the residents needed.

Class III

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0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, interview and record review, the facility failed to provide adequate assisted living services for 2 out of 2 residents (Residents #1 and 2) by not properly supervising the level of personal care the residents required to promote their health, safety and well-being.

The findings include:

In an observation on at 12:10pm, Resident #1 was eating independently without any personal assistance. During this observation, the resident presented to have extreme difficulty in approximating the spoon from the plate to his mouth while he was eating his soup.

In an interview with the Administrator on at 12:15pm, she stated that she was not aware of Resident #1's level of eating personal assistance he needed and that she allowed him to eat independently regardless of what the resident required.

In an observation on at 12:35pm, Resident #2 ambulated independently using her rolling walker from the family to her any personal assistance. In an observation at this time, the resident had to stop ambulating when she reached the living lift up and turn her rolling walker sideways so she could pass in between the living and the portable fireplace set next to the wall. During this observation while the resident was ambulating independently in the living , the resident presented to be unstable while she lifted her rolling walker sideways for approximately 5 feet before she could continue to properly use her rolling walker to ambulate and reach her .

Review of Resident #1 health assessment dated on indicated that the resident was diagnosed with Parkinson's , , , , , , , and bowel incontinence, and memory loss. Further review of the resident's assessment indicated that he needed assistance with all of his activities of daily living, including eating and .

Review of Resident #2 health assessment dated on indicated that the resident was diagnosed with , , , , , and . Further review of the resident's assessment indicated that she needed assistance with her activities of daily living, including ambulation and transferring.

In an interview with the Administrator on at 12:40pm, she stated that she was not aware what level of supervision Resident #2 needed for her activities of daily living and that the facility usually allowed Resident #2 to ambulate and transfer independently because she felt that the resident was able to do so. She stated that she understood that the portable fireplace set in the living to the

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sofa, posed as an ambulation obstacle for Resident #2, since the resident used this route to ambulate with her rolling walker from the family her . She stated that the facility did not have a current health assessment to indicate that Resident #2 was able to safely ambulate and transfer independently.

In an observation on at 1:35pm, Resident #1 had the finger nails in both of his hands, that protruded approximately one-half to three-quarters of an inch beyond his finger tips. In an interview with Resident #1 at this time, he stated that he was not able to cut his own finger nails. He stated that the facility did not assist him with his finger nail for a very long time and that it felt very uncomfortable to have extra long finger nails.

In an interview with the Administrator on at 4:05pm, she stated that she was not aware what level of assistance Resident #1 needed for his activities of daily living. She stated that the facility had not assisted Resident #1 with his finger nail in about one month. She stated that Resident #1 could not perform his own and he relied on the facility to ensure that he was adequately , which included the trimming of his finger nails.

Class III

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

Based on record review and interview, the facility failed to obtain new physician orders to assist with the self-administration of medications for 1 out 2 residents (resident #2).

The findings are:

Review of Resident #2 health assessment dated on indicated that the resident was diagnosed with , , , , and . Further review of this health assessment indicated that the physician extender ordered that the resident receive medication administration for her daily medications.

In an interview with the Administrator on at 4:15pm, she stated that Resident #2 was assessed by different physician extender after the resident's health assessment on and she received verbal orders from this physician extender that the resident needed to receive assistance with self-administration of medications. She stated that the facility presently assisted this resident with her self-administration of medications and she did not obtain this written order from the physician extender to reflect the resident's current medication status.

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Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview, the facility failed to protect the resident perishable food items so as to prevent spoilage and to ensure the maintenance of the food's quality and nutritional value for resident consumption.

The findings are:

In an observation on at 10:35am, inside the facility's pantry and dry food storage , the following perishable food items were stored:

1. Two boxes of scalloped potatoes with labeled expiration dates of , 2017.
2. One container of ranch salad dressing with labeled expiration date of , 2016.
3. One package of creamy garlic pasta shells with labeled expiration date of , 2017.
4. One package of fettuccini alfredo with labeled expiration date of , 2017.

In an interview with the Administrator on at 10:45am, she stated that she stored the residents' perishable food items inside the facility's pantry and dry food storage use in the residents' meals whenever the facility needed it. She stated that the residents' menu sometimes included recipes with potatoes, salads and pastas, and the residents also reserved the right to request any of those food items to eat with their meals. She stated that she was not aware of the stored potatoes, salad dressing and pasta's expiration or "best by" date labels which indicated an expiration period of when the food became degraded or unsafe for resident consumption.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a safe and comfortable living environment to the residents by not ensuring its existing architectural systems were maintained in good working order.

The findings are:

In an observation on at 10:55am, the pavered floor immediately outside the patio located on the northwest side of the facility, had pavers which were not level and it was difficult to walk on this surface. In an observation at this time, there was debris stored in this outdoor area which included cinder blocks,

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gardening tools and other construction materials. Further observation at this time of the outdoor pavered floor area located on the north side of the facility, indicated that the pavers were placed on an uneven surface without being secured to each other.

In an interview with the Administrator on at 11:00am, she stated that the facility recently hired an unlicensed contractor to perform the flooring installation on the outdoor area immediately outside of the facility's patio. She stated that the residents may use the outdoor area outside of the facility's patio, that she was aware that the pavers in this area of the facility were not even and it may present to be a tripping hazard for the residents. She stated that she was also aware that this outdoor area was being inadequately used to store gardening tools and construction materials, and that she was not aware if the installation of pavered flooring in this area needed to be permitted through the municipality.

Class III