STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966877	**11/06/2017**
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

A Complaint investigation #2017009448 was conducted on . Rosemont Gardens, Inc. license #10977, had deficiencies at the time of the visit.

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, facility record review and interview, the facility: 1) failed to maintain an accurate and up-to-date Admission-Discharge log and, 2) failed to provide timely access to resident records requested for a discharged resident.

Findings:

Observation and tour of the facility found that 4 residents were in the facility at the time of the visit. There were personal belongings for 5 residents in the .

Review of the Admission & Discharge log for the facility revealed 6 residents documented as currently residing in the facility.

In an interview with the administrator on at 12:20 PM, she confirmed she forgot to add the discharge date for one of the residents when they left.

Review of the closed resident contract for resident #3 revealed she was admitted to the facility on . A review of the discharge log revealed she was discharged to the hospital on . In addition to a standard resident contract, there were 4 Authorizations for Release of Medical Information in the file from 2013 and 2014 allowing release of information to her doctors.

In an interview with the administrator on at 12:20 PM, she confirmed she had received requests for medical information from an attorney starting in , 2017 and that she had not complied up to this point. She stated the resident had been discharged over 2 years prior to the request, and she was only required to retain the contract on file. She confirmed that the attorney requested the contract and that she had not provided it to them as of the date of this investigation. She also confirmed that the attorney had requested to receive the contract by fax, mail or in person. She did have a copy of the contract in a manila envelope and addressed to the attorney in her office. She stated the attorney had made an arrangement to come to the facility to pick it up and then never came, She said she had not contacted him to rearrange another time since she was busy with other things.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966877	**11/06/2017**
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)

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

Based on resident record review and interview, the facility failed to maintain semi-annual weights for 2 of 3 sampled residents (#1 & #2).

Findings:

1. Review of the record for resident #1 revealed she was admitted on . Her record contained a log for semi-annual weights. The last weight recorded on the log was from .

2. Review of the record for resident #2 revealed he was admitted on . His record contained a log for semi-annual weights. The only weight recorded on the log was from .

In an interview with the administrator on at 12:15 PM, she confirmed the weights were not recorded in the records as required.

Class III