

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 11/30/2017  
FORM APPROVED

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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11966877</b>          | (X3) DATE SURVEY COMPLETED<br><br><b>11/20/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ROSEMONT GARDENS, INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1842 KREIDT DR<br/>ORLANDO, FL 32818</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>A Complaint Investigation #2017010290 was conducted on . Rosemont Gardens, Inc. Assisted Living Facility License #10977 had deficiencies at the time of the visit.</p> <p><b>0079 - Staffing Standards - Levels - 58A-5.019(3) FAC</b></p> <p>Based on staff schedule review and interview, the facility did not maintain written work schedules that reflected its 24-hour staffing pattern for a given time period.</p> <p>Findings:</p> <p>Review of the staff schedule provided by the administrator revealed the last schedule available for review was dated through . The staff that was working for the day was not listed on any of the schedules provided.</p> <p>On at 11 AM, the administrator confirmed the findings.</p> <p>Class III</p> <p><b>0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC</b></p> <p>Based on observations and interviews, the facility failed to maintain a home-like and decent environment in which to provide a safe living environment for the 5 residents of facility.</p> <p>Findings:</p> <p>Observations on at 9:15 AM revealed that in the the facility there was a large black stain in the ceiling that was bulging that was near the exit door to the backyard.</p> <p>On at 11 AM, the administrator confirmed the findings.</p> <p>Class III</p> |                                                                                      |                                                     |

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| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                                     |
| <p><b>Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS</b></p> <p>Based on the staff schedule, review of the agency's background screening website and interview, the facility did not report employees who no longer worked for the facility termination dates within 10 business days.</p> <p>Findings:</p> <p>Review of the staff schedule revealed there was only one staff listed .</p> <p>On            at 10:45 AM, a review of the agency's background screening website revealed the facility's clearinghouse roster listed 2 staff that were not listed on the schedule .</p> <p>On            at 10:45 AM, the administrator said the two staff no longer worked at the facility . She provided their termination dates, which was more than 10 business days.</p> <p>Unclassified</p> |                                                                                      |                                                     |