Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964613	A. BUILDING: _____ B. WING _____	08/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSECASTLE OF CITRUS	279 N. LECANTO HWY LECANTO, FL 34461

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An announced Complaint Survey # 2018010888 was conducted on [redacted], 2018 at Rosecastle of Citrus, license #9126. Deficient practice was identified during the survey.	A 000		
A 025 SS=D	429.26(7) FS; 58A-5.0182(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 58A-5.0182 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.	A 025		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964613	A. BUILDING: _____ B. WING _____	08/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSECASTLE OF CITRUS	279 N. LECANTO HWY LECANTO, FL 34461

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 025	Continued From page 1 (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review, interview, and policy and procedure review, the facility failed to provide appropriate supervision for 1 of 4 sampled residents, Resident #1. Findings: Record review of Resident #1's 1823 dated . . . . . revealed that the resident had Special Precautions of Wandering. The resident's . . . or Behavioral Status included Forgetfulness and Nighttime wandering. Section B of the 1823 revealed that the resident wanders and needed a secured area. In an interview on at 9:15 AM with the Administrator it was stated Resident #1 was admitted on , 2018 to a the secured unit. During a downgrading of memory care beds, his . . . unsecured. The Administrator said Resident #1 was found by Staff C, Patient Care Assistant, at the end of the driveway on . . . When asked how the resident was able to get outside unsupervised,	A 025		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964613	A. BUILDING: _____ B. WING _____	08/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSECASTLE OF CITRUS	279 N. LECANTO HWY LECANTO, FL 34461

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 025	Continued From page 2 the Administrator said one of the staff members had to have let him out, because a code must be used to exit outside. In an interview on . . . . . at 9:38 AM, Staff C, Patient Care Assistant, she said she was leaving work at 10:00 AM and saw the resident walking on the driveway and called the Administrator who came in her car and took the resident back to the facility. In an interview on at 10:50 AM, Staff B, Registered Nurse, said the resident eloped once before, he was able to elope by climbing the fence behind the memory care unit. She confirmed that the staff did not see the resident climb the seven foot fence. Record review of nurses' notes dated . . . . . for the evening shift revealed that resident was attempting to leave community to go to work. Record review of nurses' notes dated . . . . . at 1:30 PM revealed that resident #1 was wandering about very . . . . and agitated. Record review of nurses' notes dated . . at 10 PM revealed that resident was wandering all around unit and door to door trying to open the doors. Record review of nurses' notes dated at 7:00 PM revealed that resident was wandering a lot and several times attempted to enter into . . . that were not locked. Record review of the Facility's Elopement policy revealed that "all residents will be assessed before move-in for risk of elopement. Every precaution will be taken to refer such "at risk"	A 025		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964613	A. BUILDING: _____ B. WING _____	08/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSECASTLE OF CITRUS	279 N. LECANTO HWY LECANTO, FL 34461

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 025	Continued From page 3 resident to an appropriate community. If an existing resident is ever found to be an elopement risk, the resident shall be identified so staff can be alerted to their needs for support and supervision." Class III	A 025		