STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968413	04/09/2019
NAME OF PROVIDER OR SUPPLIER **THE ROSE GARDEN OF ORLANDO**	STREET ADDRESS, CITY, STATE, ZIP CODE **9309 S ORANGE BLOSSOM TRAIL** **ORLANDO, FL 32837**	

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

0000 - Initial Comments

Complaint investigations 2019000689 & 2019002317 were conducted on . . and . . . The Rose Garden had deficiencies at the time of the visit.

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

Based on observation, record review and interview, the facility failed to ensure the health assessment (form 1823) was completed and accurate for 1 of 10 sampled residents (#11).

Findings:

Observation during the tour of the facility on at 12:13pm found the door to resident # 11's apartment wide open, although the resident was not in the room. The room was cluttered with many items piled in 2 wheelchairs, a recliner and an office chair. Many more items were piled on the floor. There were numerous open bottles of prescription medicines and over the counter (OTC) medication bottles on the kitchenette counter and on the nightstand.

Review of the record for resident #11 revealed he was admitted to the facility on . The current 1823 in the record was dated and was completed on the 2010 version of the assessment form which is no longer acceptable for use. Documented diagnoses included , unsteady gait and . The resident was to use a wheelchair at all times. He was noted to be Alert & Oriented x3 and not an elopement risk. He was documented to require supervision with ambulation and bathing, and was independent with all other Activities of Daily Living. A regular diet was ordered. The section to indicate if assistance was required for medications had a typed checkmark in the yes space and a handwritten checkmark in the no space. The boxes for "needs assistance with self-administration of medications" and "needs medication administration" were both left blank. Handwritten in section C was "resident self-administers medications."

On at 2:45pm, the administrator stated resident #11 was an independent resident, but then got a new 1823 which stated he needed assistance with his medications. The administrator stated the resident would not give his medications to the staff, and went out and got another doctor to write a new 1823 which allowed him to be independent again. A note dated was reviewed, documenting the resident refused assistance with shower and stated he was independent. Note documented he was informed he needed a new 1823. No 1823 was placed in the record since in record. There were no further notes regarding attempts to assist with showers. The administrator also stated the resident was given 10-day notices for room cleanliness twice, but acknowledged the room was still a mess. The

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administrator also stated they were aware that resident #11 kept medications in his room and was warned he had to keep his door locked. The administrator acknowledged the resident keeps the door wide open.

Class III

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

Based on resident record review and interview, the facility failed to provide care and services and did not follow a health care provider's order for medications for 1 of 10 residents reviewed (#4).

Findings:

Review of the record for resident #4 revealed he was admitted on . His current health assessment (form 1823) was dated and included diagnoses of , type II, and . His admission 1823 also listed .

Review of the Medication Observation Record (MOR) found two handwritten pages that were not marked with the month or year. The 2 pages had medications marked as given on 9th, 10th and 11th of whatever month was represented. There were no notations on the reverse of the forms. Further review of the MORs found a preprinted MOR for and an electronic MOR for . Review of MOR (resident was in the hospital until) revealed an order dated for Sevelamer 800mg, 2 tabs by twice a day with food. The MOR showed circled initials for all dates and times from through at 8am. is also circled. Other dates and times between & are marked as given. Documentation on reverse side of the MOR had 3 entries noting the medication was not available: at 8am, at 9am and at 8am. No other documentation for doses not given were noted. Review of the MOR showed the following medications marked as not available on : , 5mg once daily (not available , &); , 75mg once daily (not available , &); , 20mg once daily; , 10mg three times daily (also not available on at 2000, at 2000). There was no documentation in the record related to any attempts made by the facility to obtain the above medications, including no notes that the healthcare provider was notified, no notes the pharmacy was notified.

On at 3:45pm, the administrator confirmed the medications were not on the cart as of . She stated this was due to the resident changing doctors and the new physician order sheet (POS) was not sent to the pharmacy. There was a new order in the chart and signed on , but not stamped to

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confirm it was sent to pharmacy. She confirmed staff had signed medications as being given when they were not available.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on resident record review and interview, the facility failed to honor a resident's right to a valid and appropriate discharge for 1 of 10 residents reviewed (#25).

Findings:

Review of the closed record for resident #25 revealed she was admitted to the facility on . . . as an assisted living resident. Continued review of the record did not reveal a health assessment (form 1823) for the resident and no admission diagnosis. The facility "Move in Sheet" documented she was an assisted living resident as of . There were copies of her Medicare health insurance (HMO) card and her residency contract, signed . . . which included Addendum A (monthly level of care and fees) which indicated she was receiving assistance at the "Bronze" level. Also in the record was a letter dated . . . and signed by the former facility administrator and documented a 45 notice of discharge due to "Your level of care exceeds our capabilities. We currently do not have an LMH (Limited Mental Health) license." There was no documentation of a mental health diagnosis from a healthcare provider in the record, and no documentation that resident #25 was receiving financial assistance through . , ... , ... (. . .) and Supplemental Security Income (SSI).

On . . . at 4:00PM the administrator stated resident #25 was Independent. She confirmed the documentation in the record did not include a health assessment for diagnosis. The administrator confirmed the facility move-in documentation showed the resident was receiving assistance and that she had health insurance through Medicare. The administrator confirmed they could not provide any documentation that resident #25 required LMH services.

Class III

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

Based on resident record review and interview, the facility failed to ensure the Medication Observation Record (MOR) was accurate and complete for 1 of 10 residents reviewed (#4).

Findings:

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Review of the record for resident #4 revealed he was admitted on . His current health assessment (form 1823) was dated and included diagnoses of , type II, and . His admission 1823 also listed .

Review of the Medication Observation Record (MOR) found two handwritten pages that were not marked with the month or year. The 2 pages had medications marked as given on 9th, 10th and 11th of whatever month was represented. There were no notations on the reverse of the forms. Further review of the MORs found a preprinted MOR for and an electronic MOR for , . Review of MOR (resident was in the hospital until) revealed an order dated for Sevelamer 800mg, 2 tabs by twice a day with food. The MOR showed circled initials for all dates and times from through at 8am, is also circled. Other dates and times between & are marked as given. Documentation on reverse side of the MOR had 3 entries noting the medication was not available: at 8am, at 9am and at 8am. No other documentation for doses not given were noted. Review of the , MOR showed the following medications marked as not available on : 5mg once daily (not available , &); , 75mg once daily (not available , &); , 20mg once daily; 10mg three times daily (also not available on at 2000, at 2000). There was no documentation in the record related to any attempts made by the facility to obtain the above medications, including no notes that the healthcare provider was notified, no notes the pharmacy was notified.

On at 3:45pm, the administrator confirmed the medications were not on the cart as of . She stated this was due to the resident changing doctors and the new physician order sheet (POS) was not sent to the pharmacy. There was a new order was in chart and signed on , but not stamped to confirm it was sent to pharmacy. She confirmed staff had signed medications as being given when they were not available.

Class III

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

Based on observation, record review and interview, the facility failed to ensure prescribed and over the counter (OTC) medications were maintained in a secure location at all times for 1 of 10 records reviewed (#11).

Findings:

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Observation during the tour of the facility on at 12:13 pm found the door to resident #11's apartment wide open, although the resident was not in the room. The room was cluttered with many items piled in 2 wheelchairs, a recliner and an office chair. Many more items piled on the floor. There were numerous open bottles of prescription medicines and OTC medication bottles on the kitchenette counter and on the nightstand. (Photographic evidence obtained)

Review of the record for resident #11 revealed he was admitted to the facility on . The current 1823 in the record was dated and was completed on the 2010 version of the assessment form which is no longer acceptable for use. Documented diagnoses included , unsteady gait, ; wheelchair use at all times. He was noted to be Alert & Oriented x3 and not an elopement risk. He was documented to require supervision with ambulation and bathing, and was independent with all other Activities of Daily Living. A regular diet was ordered. The section to indicate if assistance was required for medications had a typed checkmark in the yes space and a handwritten checkmark in the no space. The boxes for "needs assistance with self-administration of medications" and "needs medication administration" were both left blank. Handwritten in section C was "resident self-administers medications."

On at 2:45pm, the administrator stated resident #11 was an independent resident, but then got a new 1823 which stated he needed assistance with his medications. The administrator stated the resident would not give his medications to the staff, and went out and got another doctor to write a new 1823 which allowed him to be independent again. The administrator also stated the resident was given 10-day notices for room cleanliness twice, but acknowledged the room was still a mess. The administrator also stated they were aware that resident #11 kept medications in his room and was warned he had to keep his door locked. The administrator acknowledged the resident keeps the door wide open.

Class III

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

Based on resident record review and interview, the facility failed to ensure every reasonable effort was made to ensure that prescriptions for residents who receive assistance with self-administration of medication were filled or refilled in a timely manner for 1 of 10 residents reviewed (#4).

Findings:

Review of the record for resident #4 revealed he was admitted on . His current health

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assessment (form 1823) was dated and included diagnoses of , type II, and . His admission 1823 also listed .

Review of the Medication Observation Record (MOR) found two handwritten pages that were not marked with the month or year. The 2 pages had medications marked as given on 9th, 10th and 11th of whatever month was represented. There were no notations on the reverse of the forms. Further review of the MORs found a preprinted MOR for and an electronic MOR for , . Review of MOR (resident was in the hospital until) revealed an order dated for Sevelamer 800mg, 2 tabs by twice a day with food. The MOR showed circled initials for all dates and times from through at 8am. is also circled. Other dates and times between & are marked as given. Documentation on reverse side of the MOR had 3 entries noting the medication was not available: at 8am, at 9am and at 8am. No other documentation for doses not given were noted. Review of the , MOR showed the following medications marked as not available on : , 5mg once daily (not available , &); , 75mg once daily (not available , &); , 20mg once daily; , 10mg three times daily (also not available on at 2000, at 2000). There was no documentation in the record related to any attempts made by the facility to obtain the above medications, including no notes that the healthcare provider was notified, no notes the pharmacy was notified.

On at 3:45pm, the administrator confirmed the medications were not on the cart as of . She stated this was due to the resident changing doctors and the new physician order sheet (POS) was not sent to the pharmacy. There was a new order was in chart and signed on , but not stamped to confirm it was sent to pharmacy. She confirmed staff had signed medications as being given when they were not available.

Class III

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

Based on observation, dietary record review and interview, the facility failed to maintain a log of substitutions to the dietician approved menu for a minimum of 6 months.

Findings:

Request to review the substitution log for the previous 6 months found no log was available for review.

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On at 2:30PM, the dietary director stated he was new in the position and did not have any records for substitutions.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on staff schedule review, staff record review and interview, the facility failed to maintain personnel records for 1 of 5 sampled staff (D) which contained, at a minimum, documentation of background screening, application with references, and documentation of compliance with all training requirements of this part or applicable rule.

Findings:

Review of the staff schedule for the dietary staff for the week of - revealed staff D was scheduled to work on , and .

Review of the Agency Clearinghouse roster for background screening revealed staff D was not included in the list of facility staff.

Review of a statement written by staff D on documented she had served food to the residents.

Request to review the record for staff D found there was no record available.

On at 12:45PM, the dietary manager (staff F) stated staff D was a dishwasher and food server, but was off on the day of the visit.

On at 3:30PM, the administrator stated staff D was part of the kitchen staff and not part of the facility staff.

The administrator stated this was handled separately and confirmed there was no staff record available.

Class III

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

Based on resident record review and interview, the facility failed to ensure the resident record included a copy of the Resident Health Assessment form, AHCA Form 1823 described in Rule 58A-5.0181, F.A.C.

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for 1 of 10 records reviewed. (#25)

Findings:

Review of the closed record for resident #25, who was admitted to the facility on , did not reveal a health assessment (form 1823) from a licensed healthcare provider as required within 30 days of admission. The facility "Move in Sheet" documented she was an assisted living resident as of . There were copies of her Medicare health insurance (HMO) card and her residency contract, signed which included Addendum A (monthly level of care and fees) which indicated she was receiving assistance at the "Bronze" level. Also in the record was a letter dated and signed by the former facility administrator and documented a 45 notice of discharge due to "Your level of care exceeds our capabilities. We currently do not have an LMH (Limited Mental Health) license." There was no documentation of a mental health diagnosis from a healthcare provider in the record, and no documentation resident #25 was receiving financial assistance through , ( ) and Supplemental Security Income (SSI). The record documented she was discharged on .

On at 4:00PM the administrator stated resident #25 was Independent. She confirmed the documentation in the record did not include a health assessment.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on the Agency's background screening website review, personnel record review and interview, the facility failed to register and maintain the employment status of employees within the Agency's Background Screening Clearinghouse for 2 of 5 sampled staff (D & E).

Findings:

Review of the facility's roster on the Agency's Background Screening Clearinghouse website for 5 sampled staff revealed:

Staff D, facility dietary manager, hired , was not added to the roster within 10 days of hire.

Staff E, hire date unknown, (dishwasher and food server) was never listed on the roster.

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On at 3:30 PM, the administrator confirmed staff D & E were not added to the roster.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on personnel record review, Agency Background Screening website review and interview, the facility failed to ensure that all employees submit to level 2 background rescreening as a condition of their employment for 1 of 5 sampled staff (E)

Findings:

Request to review the personnel record for Staff E, food server and dishwasher, unknown date of hire, revealed there was no personnel record maintained in the facility. There was no level 2 background screening result available.

Review of the Agency background screening website on at 12:55pm found staff E had a status of "A new screening is required."

On at 3:30PM, the administrator viewed the results and confirmed there were no background screening results in the facility or Staff E.

Unclassified

Z821 - Reporting Requirements; Electronic Submission - 59A-35.110 FAC

Based on facility record review and interview the facility failed to submit an electronic adverse incident report when an event was reported to law enforcement for investigating.

Findings:

Review of the facility's adverse reports for 2017 and 2018 on at 11 AM revealed no evidence a report had been filed when law enforcement was called to investigate an allegation of resident .

Review on at 1 PM, of the facility's investigation regarding revealed that on at 6 PM two facility staff informed the administrator that they had observed a staff to push resident #24. The staff was removed from work, law enforcement was called. The local Sheriff's responded. The staff was on at 8 PM. She was immediately terminated. The Agency's background

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screening site indicated the staff was not eligible as of . . . . . and the facility's background screening roster indicated her last day of employment was . . . . . .

The administrator said on . . . . . at 2 PM that she worked on calling law enforcement, updating the background screening, but forgot to file a report with the Agency.

Unclassified