

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/23/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MARINER PALMS 2

**5311 MARINER BLVD
SPRING HILL, FL 34609**

(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 unannounced re-licensure survey with Emergency Power Plan and Limited Nursing Services monitoring was attempted at Mariner Palms 2 on The facility was locked and unoccupied. The survey was unable to be completed.	A 000		
A 300	429.31 Facility Closure 429.31 Closing of facility; notice; penalty.- (1) In addition to the requirements of part II of chapter 408, the facility shall inform, in writing, the agency and each resident or the next of kin, legal representative, or agency acting on each resident's behalf, of the fact and the proposed time of discontinuance of operation, following the notification requirements provided in s. 429.28(1) (k). In the event a resident has no person to represent him or her, the facility shall be responsible for referral to an appropriate social service agency for placement. (2) Immediately upon the notice by the agency of the voluntary or involuntary termination of such operation, the agency shall inform the State Long-Term Care Ombudsman Program and monitor the transfer of residents to other facilities and ensure that residents' rights are being protected. The agency, in consultation with the Department of Children and Families, shall specify procedures for ensuring that all residents who receive services are appropriately relocated. (3) All charges shall be prorated as of the date on which the facility discontinues operation, and if any payments have been made in advance, the payments for services not received shall be refunded to the resident or the resident's guardian within 10 working days of voluntary or involuntary closure of the facility, whether or not such refund is requested by the resident or	A 300		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER MARINER PALMS 2			STREET ADDRESS, CITY, STATE, ZIP CODE 5311 MARINER BLVD SPRING HILL, FL 34609		
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A 300	Continued From page 1 guardian. (4) The agency may levy a fine in an amount no greater than \$5,000 upon each person or business entity that owns any interest in a facility that terminates operation without providing notice to the agency and the residents of the facility at least 30 days before operation ceases. This fine shall not be levied against any facility involuntarily closed at the initiation of the agency. The agency shall use the proceeds of the fines to operate the facility until all residents of the facility are relocated. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to notify, in writing, the licensure unit of the Agency for Health Care Administration (AHCA) that the facility had closed. Findings include: On _____ at 9:30 AM, the facility was found to be locked and unoccupied. There was a posted notice on the entrance door which read, "5303 Mariner Blvd and 5311 Mariner Blvd (formally known as [names of facilities] are temporarily closed. For Assisted Living Placement we have another Facility named [name of facility located off [names of streets]. Please reach out for any Additional Information." (Photographic evidence obtained.) On _____ at 9:10 AM, the AHCA licensure unit confirmed they did not receive any information from the facility notifying them of the facility closure. Attempts were made to contact the owner by telephone on _____ at 4:50 PM, _____ at 5:27 PM, _____ at 9:36 AM, and _____ at _____	A 300			

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A 300	Continued From page 2 9:10 AM. All attempts were unsuccessful. During a telephone interview on at 7:23 AM, the facility owner stated she had advised the AHCA licensure unit of the temporary closure of the facility "quite a while ago." Class III	A 300		