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
	AL11910479	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARYLAND MANOR	7632 MARYLAND AVENUE HUDSON, FL 34667

(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	A 000		

Assisted Living Facility

A complaint survey, CCR# 2012010043, was conducted on [redacted].

Maryland Manor assisted living facility had deficiencies found at the time of the visit.

A 079 58A-5.019(4) FAC Staffing Standards - Levels — A 079

(4) STAFFING STANDARDS.
(a) Minimum staffing:
1. Facilities shall maintain the following minimum staff hours per week:

Number of Residents	Staff Hours/Week
0-5	168
6-15	212
16-25	253
26-35	294
36-45	335
46-55	375
56-65	416
66-75	457
76-85	498
86-95	539

For every 20 residents over 95 add 42 staff hours per week.
2. At least one staff member who has access to facility and resident records in case of an emergency shall be within the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
3. In facilities with 17 or more residents, there shall be at least one staff member awake at all hours of the day and night.
4. At least one staff member who is trained in

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A 079	Continued From page 1	A 079		

First Aid and , as provided under Rule 58A-5.0191, F.A.C., shall be within the facility at all times when residents are in the facility.
5. During periods of temporary absence of the administrator or manager when residents are on the premises, a staff member who is at least , must be designated in writing to be in charge of the facility.
6. Staff whose duties are exclusively building maintenance, clerical, or food preparation shall not be counted toward meeting the minimum staffing hours requirement.
7. The administrator or manager ' s time may be counted for the purpose of meeting the required staffing hours provided the administrator is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility ' s staffing schedule.
8. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, shall have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C.
(c) The facility must maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules for direct care staff available to residents or representatives, specific to the resident ' s care.
(d) The facility shall be required to provide staff

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A 079	Continued From page 2	A 079		

immediately when the Agency determines that the requirements of paragraph (a) are not met. The facility shall also be required to immediately increase staff above the minimum levels established in paragraph (a) if the Agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The Agency shall consult with the facility administrator and residents regarding any determination that additional staff is required.

1. When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs will be met. The plan shall be reviewed by the agency to determine if the plan will increase the staff to needed levels and meet resident needs.

2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency.

3. Based on the recommendations of the local fire safety authority, the Agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the Agency that fire safety requirements are being met.

(e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of

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A 079	Continued From page 3	A 079		

meeting either assisted living facility or nursing home minimum staffing ratios.
(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on interview and record review the facility failed to ensure that proper staffing levels were maintained. A failure to maintain adequate staffing levels place the residents at risk of not having their needs met in an assisted living environment.

Findings include:

During an interview with the facility manager on at 11:30 a.m. The manager was asked how many direct care staff worked at the facility and what their schedule of hours worked were. The manager identified herself and three other employees as direct care staff. The manager also indicated the various shifts the employees were assigned to as well as the hours worked on a weekly basis. The following staffing schedule was obtained from this interview.

Facility Manager 6:00 a.m. to 2:00 p.m. (6 days) =48 hours
Direct Care Staff A 10:00 p.m. to 6:00 a.m. (4 days) 32 hours
Direct Care Staff B 2:00 p.m. to 10:00 p.m. (6 days) 48 hours
Direct Care Staff C 10:00 p.m. to 6:00 a.m. (5 days) 40 hours

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A 079	Continued From page 4 A review of the above schedule provided by the facility manager reveals a total of 168 hours scheduled per week. The regulations require that a facility with 16-25 residents requires a weekly minimum staffing of 253 hours. Class III Pattern	A 079		
A 083	58A-5.0191(4) FAC Training - First Aid and (4) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation of attendance at First Aid or course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health, shall satisfy this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under Part III of Chapter 401, F.S., shall be considered as having met the training requirements for both First Aid and . This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to have valid documentation of First Aid/ training for 2 of 3 employee records reviewed (Staff A & B). Staff who are untrained in First Aid/ expose the residents to risk if a	A 083		

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A 083	Continued From page 5	A 083		

medical emergency arises.

Findings include:

A record review of employee files conducted at the facility on revealed the following;

Staff A (identified as a former employee) had a First Aid/ training card on file. The card indicated that this employee was trained in First Aid/ on . A further review of Staff A's file revealed that Staff A did not begin employment until .

During a phone interview conducted with Staff A on at 1:35 p. m. The former employee indicated that she never received First Aid/ training while at the facility.

A review of Staff B employee file also indicated that this employee had received First Aid/ training on . This employee did not begin employment at the facility until .

A phone interview was conducted on at approximately 1:50 p.m. with the person identified as an independent trainer with the American Safety and Health Institute (ASHI). The Independent Trainer stated that she had not provided First Aid/ training at this facility in over 1 year. The trainer did not recall the exact date but agreed to research the training records and email the AHCA surveyor with the dates later that day.

The Independent Trainer for ASHI emailed a statement to the AHCA Surveyor and it was received on . The statement indicated that First Aid/ training was last conducted at this facility on . Additionally, Staff A & B

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A 083	Continued From page 6 were not identified by the Independent Trainer as being on the list of employees trained on Due to the discrepency in the First Aid/ records at the facility and the verbal and written statements provided by the Independent Trainer and Staff A, it is determined that the facility did not provide the required First Aid/ training to Staff A & B. Class III Pattern	A 083		
A 093	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program. (b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows: 1. Protein: 6 ounces or 2 or more servings;	A 093		

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A 093	Continued From page 7	A 093		

2. Vegetables: 3 5 servings;
3. Fruit: 2 4 or more servings;
4. Bread and starches: 6 11 or more servings;
5. Milk or milk equivalent: 2 servings;
6. Fats, oils, and sweets: use sparingly; and
7. Water.

(c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.

(d) Menus to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months.

(e) Therapeutic diets shall be prepared and served as ordered by the health care provider.

1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to document what is eaten unless a health care

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A 093	Continued From page 8	A 093		

provider ' s order indicates that such monitoring is necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility.
2. The facility shall document a resident ' s refusal to comply with a therapeutic diet and notification to the resident ' s health care provider of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the resident ' s responsible party refusing the diet is acceptable documentation of a resident ' s preferences. In such instances daily documentation is not necessary.
(f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals.
(g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand.
(h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and

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A 093	Continued From page 9	A 093		

shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.

This Statute or Rule is not met as evidenced by:
Based on observation and interview the facility failed to ensure that the dietary menu was reviewed and prepared annually by a Registered Dietician or Licensed Dietician. The facility also failed to have an adequate supply of meat (protein) on hand to meet the needs of twenty residents.

Findings include:

During a general tour of the facility on at approximately 10:15 a.m. it was observed that the prepared dietary menu posted in the dining area was last reviewed by a registered/licensed dietician on . Regulations require that menus be prepared and reviewed annually.

During a tour of the food preparation area and food storage pantry area at the facility on at approximately 10:25 a.m. it was observed that while the facility had an adequate supply of non-perishable foods on hand, there was not enough meat (protein) to meet the needs of the residents currently at the facility that day. The freezer was observed to only contain 1 bag of meatballs (approximately 3 lbs.) and 1

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A 093	Continued From page 10 package of cuts. The kitchen area was also observed to have 3 loaves of bread with an expiration date of . The bread was stale to the touch. During the tour, the facility manager when asked if there was additional meat products on hand indicated that there was not and that the Administrator had planned to go food shopping the next day. Class III Widespread	A 093		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Maryland Manor
7632 Maryland Avenue
Hudson, FL 34667

Dear Administrator:

Re: **CCR# 2012010043**

This letter reports the findings of a complaint survey that was conducted on , 2012, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

FM Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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