AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Mariner Palms
5303 Mariner Boulevard
Spring Hill, FL 34609

Dear Administrator:

Re: CCR #2013000384

This letter reports the findings of a state licensure survey that was conducted on 2013 by a representative of this office. Enclosed 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 after 2013 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 this office at (386) 462-6201.

Sincerely,

Stephen Bunger for,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone (386) 462-6201; Fax (386) 418-5300

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
	AL11968295	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 000	Initial Comments An unannounced compliance survey, CCR 2013000384, was conducted at Mariner Palms assisted living facility to determine facility compliance with Chapter 429, Part I, 408 Part II, Florida Statutes, and 58A-5, Florida Administrative Code. Deficiencies were identified during the survey.	A 000		
A 008	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or services required by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication; 6. Whether the individual has signs or symptoms of a communicable which is likely to be transmitted to other residents or staff; 7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and	A 008		

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A 008	Continued From page 1 8. The date of the examination, and the name, signature, address, phone number, and license number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state. (b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows: 1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment. a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion. b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider. c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided. 2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered	A 008		

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A 008	Continued From page 2 or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the elements in Section 3. This requirement does not apply for residents receiving: a. Extended congregate care (ECC) services in facilities holding an ECC license; b. Services under community living support plans in facilities holding limited mental health licenses; c. Medicaid assistive care services; and d. Medicaid waiver services. (c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823. (d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule. (f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a [illegible] order for residents who do not wish [illegible] to be administered in the case of [illegible] or [illegible]. (g) A resident placed on a temporary emergency	A 008		

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A 008	Continued From page 3 basis pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review, the facility did not complete AHCA form 1823 for 1 of 3 residents (res.# 1) Findings: Resident # 1 was admitted to the facility on 11 . Review of AHCA form 1823 signed and dated by the physician on revealed no diet instruction on page 2, whether resident will require assistance with the administration of medications was not answered. Review of AHCA form 1823 dated and signed by the physician on revealed page 1 was left blank as to medical history and diagnoses, physical and sensory limitations, or behavior status, nursing / treatment / sevice requirements and special precautions. A statement that in the professional opinion whether the resident needs can be met in an assisted living facility which is not a medical, nursing or facility was not answered. and whether resident requires any assistance	A 008		

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A 008	Continued From page 4 with the administration of medications was not answered.. The last page for name and signature of the administrator was missing at the bottom of the page.	A 008		
A 010 SS=D	58A-5.0181(4) FAC Admissions - Continued Residency (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph. After the effective date of this rule, providers shall have up to 12 months to comply with this requirement. (a) The resident may be bedridden for up to 7 consecutive days. (b) A resident requiring care of a : pressure ___ may be retained provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a licensed health care provider, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident ' s record; and 3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed health care provider, the resident shall be	A 010		

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A 010	Continued From page 5 discharged from the facility. (c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed; 2. Continued residency is agreeable to the resident and the facility; 3. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service permitted under the facility ' s license and total help with the activities of daily living; and 4. Documentation of the requirements of this paragraph is maintained in the resident ' s file. (d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility. (e) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. (5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident ' s needs, as determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S. This Statute or Rule is not met as evidenced by: Based on interviews and record reviews, the	A 010		

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A 010	Continued From page 6 facility did not meet the criteria for admission to the facility for 1 of 3 residents. (resident # 1) Findings: Interview with Administrator / owner on at 12:05 PM revealed resident # 1 was admitted to this facility in 2012 with a black tissue on her area and the clinic debrided the . She stated that BayCare HomeCare nurses come on Mondays and Fridays to change her dressing and connects the dressing to a vacuum system. She stated that on Wednesdays, she takes resident # 1 via her vehicle to the clinic at Springhill Clinic to see the Doctor and she has been doing this visits since 2012. Review of Home Health Services Skin Assessment Form for resident # 1 dated revealed a measuring 5 centimeter (cm) in length, 3 1/2 cm. width and 1-3 cm in depth with no undermining. Review of report from Spring Hill Regional Hospital dated for resident # 1 x/ray of sacrococcygeal revealed findings that reads: Moderate sized overlies sacrum and to left of midline. extends to underlying bone however no definite or enhancement can be seen within the bone to document Review of discharge instruction sheet from Spring Hill Clinic for resident # 1 dated revealed a Cleaning and Dressing order to 1. Cleanse the prior to applying a clean dressing. Do not scrub or use excessive force-	A 010		

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A 010	Continued From page 7 use soap and water. 2. Apply following dressing; medihoney alginate to [illegible] bed and pack lightly with silver cell and cover with absorbent dressing, change the dressing every other day and as needed for drainage. Review of discharge instruction sheet from Spring Hill [illegible] Clinic for resident # 1 dated [illegible] revealed a [illegible] Cleansing and Dressing order to 1. Cleanse the [illegible] prior to applying a clean dressing. Do not scrub or use excessive force-use soap and water. 2. Negative [illegible] (NPWT): Change dressing on Monday, Wednesday and Friday- KCI [illegible] vacuum at 125 continuous. Apply medihoney gel and [illegible] ointment to the foam. Please bridge to the hip. [illegible] use [illegible] powder to the peri-v [illegible] for [illegible] Use crusting method, skin prep then [illegible] powder and dab with skin prep. [illegible] use [illegible] paste to help with seal. Change vacuum every Monday - Wednesday - Friday. Use tolnafate [illegible] to areas not covered with drape. Interview with Resident # 1 on [illegible] at 11:50 AM revealed she have lived here since [illegible] 2012. She stated that the nurses from the home health come to change her dressing and they were here yesterday (1 [illegible] and changed her [illegible] as well. Resident # 1 stated that her [illegible] dressing is changed on Mondays and Fridays by the home health nurses. When asked to see if I can see and assess her wounds, resident # 1 replied; " I ' d rather not because it was just changed " . Observation in resident # 1 [illegible] 12:10 PM revealed a box with sufficient amount of [illegible]	A 010		

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A 010	Continued From page 8 care product supplies and vacuum supplies at her bedside. Telephone interview with Registered Nurse (RN) from BayCare Homecare on at 11:25 AM revealed that she was at Mariner Palms Assisted Living Facility yesterday and completed the following tasks for resident #1: 1. Changed dressing in area and connected to vacuum system. 2. Did a INR test because resident is on 3. Did Central line site care. 4. Replace Indwelling using French # cc. RN stated that the in the area is a and she is currently using and a vacuum system to take care of the tissues present in the base. During her visit on she described the as showing a 75% tissue and 25% at the base. Class II	A 010		