STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965412	07/03/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mary's Garden	6067 17th Ave N Saint Petersburg, FL 33710	

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

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013004782, was completed on / · in conjunction with a limited nursing services (LNS) monitoring visit.

The Mary's Garden, assisted living facility, had deficiencies at the time of the visit.

0011-Admissions - Discharge 58A-5.0181(5) FAC

Based on record review and interview, the facility failed to assure the correct number of days (45 day) notice of discharge was given to 1 (Resident #1) of 1 resident sampled.

Findings include:

Record review revealed on . . . ./. . , one of Resident #1's POA's was verbally given a 45 day notice of dicharge claiming that the resident's needs were more than the facility could handle. The resident had just been admitted to the facility on / . The verbal notice was followed by written notive that read: As per our discussion . . . ./. . , it is with sincere regret that I must inform you that [Resident #1] requires more care than we can realistically provide. This is a written copy of a 30 day notice to relocate Resident #1 to a more suitable facility. Should you decide to transfer her sooner than , a prorated sum for the days remaining in will be refunded. The letter was dated . The resident moved out .

Review of Resident #'1's file also had an unsigned admission contract which also specified the facility would give a 45 day discharge notice when the resident's needs could not be met at the facility.

Interview with the administrator on / at approximately 1:00 p.m. revealed she had made a mistake by giving a 30 day written notice when it should have been 45 days.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965412	07/03/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mary's Garden	6067 17th Ave N Saint Petersburg, FL 33710	

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

0167-Resident Contracts 58A-5.025(1) FAC

Based on record review and interview, the facility failed to assure one (Resident #1) of 1 resident contract reviewed, had the required signed contract prior to admission; there were no current residents residing at the facility.

Findings include:

Record review revealed Resident #1 was admitted to the facility on / . Further review revealed a resident contract and admissions packet information in the file. Continued review revealed notes documented by the administrator on the date of admission (/) that the POA had been given the contract and admissions packet to review and return when the resident was brought back for admission (had visited a week prior to admission). The monthly rate was listed as $2,000.00/mo. The contract was not signed by the POA, however one page of the admissions packet information was signed by the POA (assistance with medications with non licensed trained staff). The administrator acknowledged the contract was not signed and acknowledged the error.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Mary's Garden
6067 17th Ave N
Saint Petersburg, FL 33710

Dear Administrator:

Re: **CCR# 2013004782** & LNS

This letter reports the findings of a complaint survey and a limited nursing services (LNS) monitoring visit that were conducted on , 2013, by a representative of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicates the deficiencies that were identified on the day of the visit relative to the complaint survey. 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 complaint 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,

Patricia Reid Caufman
FOR Field Office Manager

PRC/kpr

Enclosures: State Forms 3020

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