STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966902	07/25/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mary's Extreme Care	6107 SW 26th Street Miramar, FL 33023	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility biennial relicensure survey was conducted on . . . . . Mary's Extreme Care ALF, had licensure deficiencies found at the time of the visit.

0007-Admissions - Criteria 58A-5.0181(1) FAC

Based on record review and interview, it was determined the facility failed to ensure that all residents meet the criteria for admission, for 1 out of 6 sampled residents (Resident #1).

The findings include:

An interview with the Administrator at 10 AM on , revealed Resident #1 was admitted to the facility on . . . . . and that there has only been one health assessment completed to date for Resident #1.

Review of Resident #1's Health Assessment dated lists the resident needs total help and indicates the resident requires 24 hour nursing or care. Further interview with the Administrator revealed the facility does not provide these services.

Further interview with the Administrator revealed the staffing hour are completed by a total of 4 staff members, including herself. It was also revealed she is not a licensed nurse and there is no nurse at the facility 24 hours a day. It was also revealed the resident was not on hospice at time of admission.

Class III

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on observations, record review and interview, it was determined that the facility failed to ensure a Health Assessment form was completed on every resident upon significant change and that it is reflective of the resident's current health status and care needs, for 1 out of 6 sampled residents (Resident #1).

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The findings include:

An interview with the Administrator on at 10:45 AM revealed Resident #1 was admitted to the facility on and has had a significant change and is now on hospice. Record review revealed the resident was admitted to hospice on The resident further declined and was placed on a pureed diet with thick-it nectar consistency on Review of the health assessment for Resident #1 revealed the health assessment was dated and did not reflect that the resident was placed on hospice and or had a change in diet.

The Health Assessment dated documents the resident needs total help and indicates the resident requires 24 hour nursing or care.

Class III

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

Based on record review and interviews, it was determined that the facility failed to ensure that medication observation records were completed as required, for 2 out of 6 sampled residents (Resident #1 & #3).

The findings include:

1. Review of the current Medication Observation Record (MOR) for Resident #1 was conducted on Review revealed the MOR failed to list the residents diagnosis and the resident's known A review of the health assessment form 1823 dated for Resident #1 notes as peanut, fish and inhibitors.

An interview was conducted via telephone with the Administrator on at 5:40 PM, she confirmed the findings.

2. Review of the current MOR for Resident #3 conducted on Review revealed the MOR failed to document the diagnosis and for the resident. An interview conducted with the Administrator on at 5:40 PM, during she confirmed the findings.

Class III

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

Based on observation, record review and interviews, it was determined that the facility failed to ensure that pureed diets were served attractively and at safe and palatable temperatures for 1 of 6 residents (R#1).

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Mary's Extreme Care	6107 SW 26th Street Miramar, FL 33023	
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The findings include:

1. Record review conducted of Resident #1's file revealed an order dated for pureed diet with thick-it nectar consistency. Observation of the lunch food service conducted on at 12:00 PM revealed menu items of 3 ounces of turkey and cheese on 2 slices of bread with 1 cup lettuce/tomato and 1/2 cup peaches and 6 ounces of soup. Resident #3 was noted to be served a bowl of mush. An interview was conducted with the facility's cook on at approximately 1:47 PM during which she confirmed that all the items noted on the lunch menu were processed together in a blender and served to the resident in a bowl for lunch.

2. Review of the health assessment for Resident #1 revealed listed as fish and inhibitors. A review of the facility's 6 month regular and therapeutic menus with substitutions revealed the menu cycle listed fish served at least twice per week. There was no noted substitution made for the fish in the facility's substitution record. An interview was conducted with Employee #1 on at 11:19 AM during which she stated that to her knowledge no resident in the facility has a food and that all residents eat the fish as served on the menu. An interview was conducted with Employee #2 on at 11:28 AM during which she stated that none of the residents in the facility are to any items on the menu as listed and that all residents in the facility eat the fish as noted on the menu. An interview was conducted with the Administrator via phone on at approximately 11:45 AM during which she confirmed the findings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Mary's Extreme Care
6107 SW 26th Street
Miramar, FL 33023

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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