STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965700	08/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Maple Leaf Assisted Living	**24 Mead Place Stuart, FL 34997**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment 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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments
An unannounced relicensure survey was conducted on . . . . . Maple Leaf Assisted Living had licensure deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on resident record review and interview, the facility failed to have a licensed health care provider complete all sections of the Health Assessment (Form 1823), for 1 out of 2 sampled resident records reviewed (Resident #1).

The findings include:

Record review conducted on . . . reveals the Health Assessment for Resident #1 is incomplete in Section 1 B, concerning Special Diet Restrictions; Section 1 C, specifying whether the resident needs assistance with self-administration of medications or needs total assistance with administration of medications; and Section E, concerning whether the individual's needs could be met in an assisted living facility.

An interview is conducted with the Administrator on . . . . . at approximately 11:15 AM. The Administrator acknowledged the missing information.

Class III

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on resident record review and interview, the facility failed to have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment for 1 out of 2 sampled residents (Resident #1).

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The findings include:

Resident record review conducted on for Resident #1. The Health Assessment AHCA (Form 1823) for Resident #1 is dated A new face to face examination and Health Assessment was due to be completed by

During an interview conducted with the Administrator on at approximately 11:15 AM, she acknowledged the findings. She stated she would have a new medical examination completed for Resident #1.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on observation, record review, and interview, the facility failed to keep an accurate recording of medication administration (MOR), for 1 out of 4 sampled residents (Resident #3).

The findings include:

During medication observation at 9:07 AM on Resident #3 is given her AM pill medications. When the medications were verified against the MOR, it was observed there was a physician order for an injection of , 1000 mg once a month. It had been marked as given every day in
The Administrator stated during interview at 9:15 AM, "This is an error. The injection has not been given for I do not have the medication, yet. I have to call the pharmacy and get the medication delivered each month. I don't know why the MOR is initialed for each day of It is my mistake."

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to have a current, valid statement declaring all employees are free from communicable including from a health care provider, for 1 out of 3 sampled employees (Employee A).

The findings include:

During employee record review on , a statement declaring employee free from communicable dated is found in Employee A's record. The statement is signed by a Doctor of Chiropractic Medicine, which is not an acceptable health care provider. There is no statement declaring Employee A is free from signs and symptoms of

During interview with Administrator, at approximately 3:45 PM, the Administrator states she is unaware a Doctor of Chiropractic medicine could not sign the statement declaring employee free from communicable She acknowledge the findings.

Class III

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0079-Staffing Standards - Levels 58A-5.019(4) FAC
Based on observation and interview, the facility failed to maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period.

The findings include:

During a tour of the facility at 8:45 AM on . At 8:45 AM, during observational tour, no written work schedule is seen posted within view. At 8:50 AM, the Administrator is asked to produce a copy of the staffing schedule. The Administrator replies she does not have a written staffing schedule. Instead, time sheets for the current employees for the past two weeks are provided for review.

The Administrator acknowledge the facility does not have a written work schedule and no further information was available for review.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC
Based on record review and interview, the Administrator failed to participate in 12 hours of continuing education in topics related to assisted living every 2 years.

The findings include:

On during employee record review for the Administrator, no evidence for Continuing Education (CE) hours could be found.

On , at approximately 5:00 PM, the Administrator was asked if she had completed any of the CE requirements. The Administrator answers, "Honestly, I have not kept up on my Continuing Education hours, but I will work on getting them done."

Since, the Administrator failed to maintain the 12 hours of continuing education, she is required to retake the ALF core training and retake and pass the competency exam.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, the facility failed to provide a minimum of 1 hour in-service training for direct care staff in Resident Rights and Recognizing and Reporting Resident Neglect and for 1 of out 3 sampled employees whose records were reviewed (Employee A).

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The findings include:

During employee record review for Employee A on , it is noted the training certificates for 1 hour training's in Resident Rights and Recognizing and Reporting Resident , Neglect, and is missing.

During an interview with Administrator on at approximately 3:45 PM, she acknowledged the in-service training certificates are missing from the employees record.

Class III

0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on record review and interview, the Food Designee failed to maintain the annual 2 hours of continuing education requirements (Employee C).

The findings include:

During employee record review on , for Employee C, it is noted there is no documentation the continuing education requirements for the Food Designee had been maintained.

During an interview with the Administrator on at approximately 4:30 PM. She acknowledged the annual 2 hours of continuing education required to be completed by the Food Designee had not been maintained.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on record review and interview, the facility failed to have the facility's menus reviewed and approved annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist.

The findings include:

Upon review of the facility's menu on , which was placed on the table in a plastic cover, it was noted that the menu was signed by a Registered and Licensed Dietitian and dated

During an interview with the Administrator, on at approximately 12:30 PM, revealed the Administrator did not have a current Dietitian she was working with. The Administrator stated, "I have been trying to find another Dietitian, but I am having a hard time finding someone."

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on record review and interview, the facility failed to conduct a Level II Background Screening for 1 out of 3 sampled employees (Employee A).

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The findings include:

During record review on [redacted] for Employee A, it was noted there was no Level II Background Screening documentation available in the employee's record. The AHCA Background Screening Database was checked for current eligibility status for Employee A. The AHCA Background Screening Dababase revealed Employee A was in need of a new background screening.

During an interview conducted with Administrator on [redacted] at approximately 5:00 PM, the Administrator states she was told by Employee A that she went in to have the new background screening done about 3 months ago, but the Administrator had not been able to verify the results due to her computer not working.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Maple Leaf Assisted Living
24 Mead Place
Stuart, FL 34997

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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