STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966902	10/31/2013
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)		

Revisit Corrected Tags:
0007-Admissions - Criteria-10/31/2013
0093-Food Service - Dietary Standards-

Revisit Repeat Tags:

0010-Admissions - Continued Residency-58a-5.0181(4) Fac
0054-Medication - Records-58a-5.0185(5) Fac

Specific Tag Findings:

0000-Initial Comments

An Assisted Living relicensure revisit survey was conducted on Mary's Extreme Care had uncorrected licensure deficiencies.

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

Based on record review and interview, the facility failed to meet the conditions for continued residency, for 1 out of 1 resident (Resident #1). As evidenced of the facility not developing a hospice interdisciplinary care plan agreeable to the resident, the facility and the hospice services provider.

The findings are:

In an interview with the Hospice Nurse on at 10:00AM, she stated that the purpose for Resident #1 being on hospice services was because of her diagnosis of and her need for total care with her bathing, and hygiene.

Review of the hospice Integrated Care Plan dated on indicated that resident #1 met hospice criteria based on her need of dietary, medication and activities of daily living assistance. The plan was signed by the facility's Representative and a Hospice Representative. Review of the hospice interdisciplinary care plan revision dated on indicated that it was a modified plan due to the resident's difficulty swallowing, the interventions were to assess and monitor for precautions.

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Review of the modified plan revealed, it was signed by the Hospice Physician and Nurse, with no other representation of the resident and facility agreement for this modified plan of care. Further review of the hospice records for this resident did not include an interdisciplinary care plan with signatures by the resident (or representative), the facility representative and the hospice provider to represent agreement of coordinated hospice services.

Class III

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

Based on record review and interview, the facility failed to ensure that Resident #4's medication observation record was completed as required.

The findings are:

Review of Resident #4's health assessment dated on indicated that the resident was to sulfa. Review of the resident's 2013 medication observation record (MOR) indicated that there was no sulfa noted.

In an interview with the Administrator on at 11:30AM, she stated that Resident #4's sulfa information from her health assessment was not given to the pharmacy and subsequently was not on her MOR. She also stated at this time that she was not aware if any of the medications that the resident is currently taking contain any sulfa.

This noncompliance prevents the facility from correcting its previous deficiency originally cited on

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 revisit 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 previously cited deficiencies that were found corrected and the uncorrected deficiencies that were identified on the day of the revisit. 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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