STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910479	02/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Maryland Manor	7632 Maryland Avenue Hudson, FL 34667	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - .../... : S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And . S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A bienial licensure survey with limited mental health (LMH) was conducted on . in conjuntion with complaint survey, CCR#2013013038.

The Maryland Manor assisted living facility had deficiencies found at the time of the visit.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observation, record review and interview, the facility failed to have the activities calendar posted where the residents congregate. The facility failed to have posted times as to when each activity started and ended. The facility failed to have available scheduled activities for at least six (6) days a week for a total of not less than twelve (12) hours per week.

Findings include:

During the facility tour on at 9:20 a.m., there was no activities calendar posted anywhere in the facility. When staff #C was asked on at 9:25 a.m. where was the calendar, she stated it usually was hanging on the bulletin board by the kitchen door. Staff #C verified that the activities calendar was not hanging on the bulletine board.

Staff #C found a copy of the activities calendar and hung it on the bulletin board. Review of the activities calendar revealed the activities named ball games and games did not have the starting and stopping times of the activities. Staff #C stated on at 9:30 a.m., she had forgotten to include the times when planning the activities.

Further review of the activities calendar revealed there were only one hour to one and one half hours per day per day which totaled nine hours for the week. The facility needs to make available twelve hours of scheduled activities for a six days of activities. Staff # C stated on at 9:35 a.m., she had schedule one hour for walks, ball games and games and one and one half hours for bingo and shopping. She stated this was only nine hours for the seven days.

Class III

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0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, the files for two of three new staff sampled (B; C) did not include statements from health care providers attesting to their freedom from communicable and/or ( ).

Findings include:

A review of personnel records during the survey found that neither the files for Staff B or C (both hired) had any assessment conducted within the past 6 months from a health care provider pertaining to their freedom from communicable , while Staff B had no assessment either. Interview with the administrator at approximately 11:35am on provided no clarification.

Class III

0082-Training - 58A-5.0191(3) FAC

Based on record review and interview, one of three staff sampled (A) had not received the one-time education course on and within 30 days of employment.

Findings include:

A review of personnel records during the survey revealed that Staff A (hired) had no documented evidence of having received any training on and . Interview with the administrator at approximately 11:50am on confirmed that this individual had not yet been trained in this area.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on record review and interview, one of three staff sampled (A) had not received First Aid and training.

Findings include:

A review of Staff A's (hired) personnel file during the survey revealed that this employee did not have any documentation verifying that she had taken any First Aid or certification courses. According to the facility schedule, this employee was scheduled to work alone on multiple shifts. Although the administrator stated in an interview at approximately 1pm on that one of his "live-in" staff usually was available for back-up in the event of an emergency, this system was problematic in that it didn't take into consideration the live-in staff might be a) elsewhere/off; b) ill; or c) otherwise indisposed.

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Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview, one of three staff sampled (A) had not taken the 2 hr. update in safe medication practices/related topics on an annual basis.

Findings include:

A review of the personnel records during the survey indicated that the most recent medication-related training completed by Staff A was from . Interview with the administrator at approximately 1:10pm on confirmed that Staff A had taken no subsequent medication-related training.

Class III

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

Based on observation, record review and interview, the facility failed to post the planned menu where the residents could see it. The facility failed to post the meal substitution for lunch so the residents would be aware of what they were going to eat.

Findings include:

During the facility tour on at 9:20 a.m., the menu was not posted anywhere in the facility. When asked where was the menu posted, staff #C stated on at 9:40 a.m. the menu was usually posted on the bulletin board by the kitchen door. Staff # C verified that the menu was not posted on the bulletin board.

Review of the menu on revealed the noon meal was suppose to be chicken noodle soup,hot dogs on a with sauerkraut and chocolate pudding with milk, coffee or tea. When the noon meal was chicken noodle soup, hot dogs on a , carrots and chocolate pudding. The sauerkraut had been replaced with the carrots. Staff # C stated the residents do not like the sauerkraut so she added carrots instead. She stated she did not post the substitution before the meal was served so the residents would know about the substitution.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Maryland Manor
7632 Maryland Avenue
Hudson, FL 34667

Dear Administrator:

Re: Biennial w LMH & **CCR# 2013013038**

This letter reports the findings of a biennial state licensure survey with limited mental health (LMH) and a complaint survey that were conducted on , 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate 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 to verify that the necessary corrections are in place to correct the deficiencies identified on your surveys.

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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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