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 - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013013038, was conducted on , in conjunction with a biennial state licensure survey with limited mental health (LMH).

The Maryland Manor, assisted living facility, had a deficiency at the time of the visit.

0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based upon interview and record review, the facility had retained a staff person (A) whose behavior had raised doubts in the minds of both residents and staff about their qualifications to continue in their position, as well as not ensured that at least one staff person trained in First Aid and was in the facility at all times.

Findings include:

Interviews with residents during the survey conducted between approximately 10:20 a.m. and 2 p.m. revealed that at least four (4) indicated that they had observed Staff A behaving "very strangely during her shift--from staring at her various keys in her hand and not being able to figure out which one to select in order to open the door for several minutes at a time, to staring off into space for extended periods, to being extremely hunched over while mopping and sweeping and speaking with slurred speech." At least two (2) of these residents explained that Staff A made them very nervous/tense while she was working at the facility. In addition, staff had witnessed Employee A during multiple shift changes "acting oddly"--i.e. staring and walking very slowly/deliberately,etc. One staff member indicated that she had noticed Staff A demonstrating unusual behavior that seemed "like she was on something" in , 2014, and then she told the administrator. The situation improved for a few weeks, but then the behavior returned for about 3-4 days, and she was hospitalized about two weeks ago.

A review of Staff A's file during the survey found no documentation of First Aid or training; a review of the current staff schedule indicated that this individual was scheduled to work in the facility alone at least 1-2 days/wk. Interview with the administrator at approximately 2pm during the investigation provided no explanation of this discrepancy.

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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