STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910381	04/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Marriott Home Care	2700 Broadway West Palm Beach, FL 33407	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

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

Specific Tag Findings:

0000-Initial Comments

An unannounced licensure complaint survey, CCR# 2014000359, was conducted on ... at Marriott Home Care. The facility had deficiencies found at the time of the visit.

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

Based on record review and interview, the facility failed to ensure that a current physician's statement indicating freedom of ... was on file, for 1 out of 3 sampled employees (Staff C).

The Findings Include:

Record review of Staff C's personnel file revealed a hire date of ... The last physician's statement indicating Staff C tested negative for ... was dated of ... There was no annual physician's examination statement for 2013 indicating she displays no signs and/or symptoms of ...

The Administrator acknowledged the findings on ... at 3:40 PM.

Class III

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

Based on observation and interview, the facility failed to maintain a staffing schedule that accurately reflected the required staffing hours per week for a census of 15 residents.

The Findings Include:

1. During a facility tour conducted on ... at approximately 12:35 PM, a staffing schedule was observed on a bulletin board in the Administrator's office. A copy of the schedule was obtained for review.

A review of the current written monthly staffing schedule hours for the week of ... through ... reflecting the following staff and applicable hours:

a. Staff D's hours were listed as 8:00 AM to 5:00 PM on ... and ...
b. Staff E's hours were not listed. However, on ... the letter 'W' was written. On ... and ... Staff E's hours were not listed but noted the words 'on-call."
c. Staff A's hours were not listed. The letter 'W' was written for ... and ...

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d. Staff F's hours were not listed. The letter 'W' was written for , and .
e. Staff B's hours were listed as 8:00 AM to 5:00 PM on , and .
f.. Staff C's hours were listed as 6:00 AM to 2:00 PM on . Hours for , and were listed as 6:00 AM to 2:00 PM.

B. The Administrator (Staff D) stated on at 12:50 PM that the letter "W' meant that the employee was working but she acknowledged no hours were listed next to the dates where 'W' was indicated.

C. Therefore, due to the fact there are no staffing hours listed next to dates where 'W' was indicated for the employee, an accurate could not be completed to determine whether the facility maintained a written working schedule indicating they had met the required 212 hours for a census of 15 residents. Further interview with the Administrator revealed no further documentation was available for review indicating the facility maintained the required weekly staffing hours of 212 for a census of 15 residents.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMIN.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Marriott Home Care
2700 Broadway
West Palm Beach, FL 33407

RE: CCR #2014000359

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2014 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 , **2014** 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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