STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910479	04/16/2014
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 Tag Cited:

St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2014003427, was conducted on , in conjunction with two revisits.

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

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on record review and interview, the facility did not maintain a copy of the formal written orders for medication with respect to one of two residents sampled (#4).

Findings include:

A review of resident files during the survey revealed that Resident #4 was taking / 10-325 mg according to the , and MORs. However, further review of the record found no official prescription from the resident's physician for this pharmaceutical. Interview with the administrator and manager at approximately 2:10 p.m. on confirmed that there was no copy of the original order, and "that this had been sent in to the pharmacy directly."

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: (2) Revisits & **CCR# 2014003427**

This letter reports the findings of a two state licensure revisit surveys and a complaint survey that were conducted on 16, 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate the deficiencies were corrected relative to the revisits and the deficiency that was identified relative to the complaint survey. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
FOR Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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