STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910381	07/17/2014
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 - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR#2014003827, was conducted on , 2014 at Marriott Home Care. The facility had a deficiency found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on resident record review and staff interview, the facility failed to monitor the accuracy of the active diagnoses listed on the Health Assessments (AHCA Form 1823), for 2 of 3 sampled residents whose Health Assessments were reviewed (Resident #1 and #2).

The findings include:

1) Resident #1 was admitted to the facility on . His Current Health Assessment (Form 1823), dated , documents current diagnoses of and .

Resident #1 ' s MOR for the month of 2014 was reviewed. The following medications are among the medications currently being prescribed and taken by Resident #1 which have no corresponding diagnoses on current Health Assessment: 1 capsule via handi-haler; 160/4.5 mcg, inhaler, 2 puffs twice a day; and Levothyroxin 50 mcg, once a day
It is noted there are no diagnoses listed on current Health Assessment (Form 1823) which would support the use of the or .

An interview was conducted with the Administrator on at 10:00 AM. She acknowledged the current diagnoses listed on Resident #1's Health Assessment do not list the diagnoses needed to support the use of and .

2) Resident #2 was admitted to the facility on . Current Health Assessment, dated documents diagnoses of Chronic Kidney Accident, and .

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A previous Health Assessment contained in the resident file, dated documents diagnoses of , and

Resident #2's MOR for the month of 2014 was reviewed. The following medications are among the medications currently being prescribed and taken by Resident #2 which have no corresponding diagnoses on current assessment: 10 mg, 2 tablets twice daily before meals; 75 mg, 2 tabs twice daily with food; HFA oral inhaler, 2 puffs every 6 hours as needed; 80 mg, twice daily with meals; 75 mg, once daily in the morning; 30 mg, once daily; 850 mg, 1 tablet every morning and 1 tablet every evening; NPH Human 100 U/ml, inject 17 units under skin every morning with food, and inject 22 units every evening before supper (self-administer); and Pancrealipase 20,000, 1 capsule three times daily.

During an interview with the Administrator on at 10:00 AM, she confirmed the current Health Assessment dated does not accurately reflect all of the resident' s diagnoses for which the resident is currently receiving treatment , and

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

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

RE: CCR #2014003827

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 . . . . . 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,

J. Hodges - Phoenix, Supervisor

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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