| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965612 | 07/23/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Mathison Retirement Center | 3637 West Highway 390 Panama City, FL 32405 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0075 - 429.255(3-5) Fs - Use Of Personnel; Emergency Care ( l) S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

0000-Initial Comments

On 22-23, 2014 an unannounced Biennial Survey, including Initial Limited Nursing Services (LNS) and change of ownership (CHOW) survey was conducted at Mathison Retirement Community, Inc. At the time of survey there were deficiencies identified.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on staff interview with the Administrator and review of the grievance procedure, the facility failed to implement their own written grievance policy upon receipt of a complaint. The facility failed to allow residents access to resident council without staff present or ability for all residents to attend resident council meetings.

The findings:

An interview with the administrator on at 3:00 PM revealed she was not following her policy on filing grievances when receiving complaints from residents of the facility. When asked if she had any complaints from residents since she had become the administrator after 2010 she stated she had complaints from residents but had not filed them according to the facility grievance procedure. She stated she is the Resident Care Coordinator.

A review of her grievance book revealed the last grievance filed was in 2010. The grievance procedure which had no dates on it states the procedure: A. The Resident Care Coordinator is responsible for processing all Grievance Reports. B. Upon receipt of a resident or sponsor complaint, the Resident Care Coordinator, or designee, will initiate a Grievance Report and distribute said report to the appropriate department within 24 hours. E. The Administrator will review all Grievance Reports for completion and appropriate resolution of the complaint, and sign the report. F. Completed Grievance Reports will be kept on file in the Administrator's office.

An interview with the administrator on at 3:00 PM revealed she was not following her resident bill of rights posted in the facility and was not allowing all residents to attend because she designated a representative from each hall. She stated she was in charge of the resident council and she chose the meeting dates and ran the meetings.

Class III

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0075-Use of Personnel; Emergency Care ( ) 429.255(3-5) FS
Based on observation of the Automated Electronic Defibrillator ( ) and pads, and staff interview with the Administrator and nurse A the facility failed to provide a functioning for the facility.

The findings:

An observation of the and the pads on at 10:50 AM revealed the pads in the were dated to expire .

An interview with Nurse A on at 10:50 AM revealed Nurse A confirmed the pads were out of date on .

An interview with the administrator on at 3:00 PM revealed she was not aware the had pads out of date .

Class III

0167-Resident Contracts 58A-5.025 FAC
Based on staff interview and record review the facility failed to review and implement an addendum to 2 of 2 resident's contracts in regards to an increase of the facility's service fees. (Resident #1 and #8)

The Findings:

On a biennial and change of ownership survey was conducted. During this survey, resident #1 and resident #8 financial records were reviewed in regards to their contracts.

Resident #1 original contract was signed on .
1. Accommodations (a) Unit: Resident may occupy and use the accommodations, (studio one , initially identified as Unit 203.
C. Fees
1. Basic Services Rate. The Basic Services Rate, as of the date of this agreement, is $2,350.00.

Resident #8 original contract was signed on , , 2009
1. Accommodations (a) Unit: Resident may occupy and use the accommodations, (studio one , initially identified as Unit 601.
C. Fees
1. Basic Services Rate. The Basic Services Rate, as of the date of this agreement, is $3,560.00

On at 2:28pm, an interview was conducted with the Administrator. During this interview the Administrator confirmed that the facility issued a letter to all the residents and responsible parties of the raise of the service fees. The Administrator also confirmed that Resident #1 and Resident #8 contracts had not been reviewed, nor an addendum was implemented of the change in service rate and reviewed with the resident or responsible parties. The Administrator reported that she had a copy of the letter that went out to all residents and family members. During this interview the Administrator reported that Resident #1 current basic service rate is $3,175. 00 per month as of . Resident #8 basic service rate is $4,159.00 per month as of .

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
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A review was conducted of a letter dated / from Mathison Retirement Center from the Administrator, stating, "Although we would prefer not to have to raise our service fees, we must do so to keep pace with our ever-increasing operating costs. Fortunately, this year we are able to limit our rate increase to only two percent (2%) over our current rates. Effective , 2014, our monthly service fees will be as follows:
Studio Apartment: $3,175.00
One : $4,159.00
Two : $4,982.00
2nd Person: $874.00
Cable TV: $35.00

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on staff interview and record review the facility failed to implement Policies and Procedures for limited nursing services and failed to employ sufficient qualified staff to meet the needs of the residents and contract or employ nursing staff to provide Limited Nursing Services (LNS).

The findings:

An interview conducted with the administrator on at 3:00 PM revealed they did not have a contracted Registered Nurse to do assessments for residents on LNS services. The also did not have any policies or procedures in place to direct care of residents who require and are receiving LNS.

A review of the facility policies and procedures revealed there were no policies or procedures specific for LNS service.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Mathison Retirement Center
3637 West Highway 390
Panama City, FL 32405

Dear Administrator:

This letter reports the findings of a state licensure, change of ownership (CHOW) and initial limited nursing services survey that was conducted on , 2014 by representatives 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

for Patricia McIntire, RNC
Sonah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

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