RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Mariner Palms
5303 Mariner Boulevard
Spring Hill, Florida 34609

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by representative(s) of this office.

Enclosedis 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 surveyor(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968295	08/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mariner Palms	**5303 Mariner Blvd Spring Hill, FL 34609**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On a Biennial with Limited Nursing Services survey was conducted at Mariner Palms, an Assisted Living Facility. Deficient practice was identified at the time of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation interview an record review, the facility failed to ensure all physcail were reviewed annually for 1 of 2 resident observed with half-bed rails (Reisdent #6).

On at approximately 9:24 a.m., a tour of the facility was conducted. Resident #6 was observed to have two half- bed rails on her bed (on on each side).

On a review of Resident#6's record revealed the side rails were last reviewd by a physcian on . There was no record of a review of restrains in the year 2014.

On an interview was conducted with the Administrator. The Administrator stated she forgot to get a new order for Resident#6's side rails.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on record review an interview, the facility failed to ensure no more than 14 hours elapsed between the end of one meal containing a protein and the start on another meal for 6 of 6 residents in the facility (Resident #1, #2, #3, #4, #5 and #6).

The findings include:

On a review of the facility's meal times revealed the facility serves three meals a day (breakfast, lunch and dinner). Continued review revealed Dinner is served from 5:00 and breakfast is served at 8:00 a.m. (13.5 hours after dinner).

On at 4:13 a.m. the Administrator was interviewed. The administrator stated confirmed the requirement for meals was not met. The Administrator stated the evening meals ends at 5:30 p.m. and the next scheduled meal is at 8:00 p.m.. The Administrator further stated residents in the facility are in bed before 8:00 p.m. She added that she did not want to wake the residents up to provided them with a snack and added once the residents are in bed, they stay in bed until the next morning.

Class III

N278-LNS - Records 58A-5.031(3) FAC
Based on observation, interview, and record review the facility failed to maintain records of residents receiving limited nursing services (LNS), including maintaining nursing progress notes and conducting monthly nursing assessment for 1 of 1 residents receiving LNS services (Resident #1).
The findings include:

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

On at 9:30 a.m. Resident #1 was observed with her left arm wrapped from her wrist to to her elbow in an bandage.

On at 9:43 a.m. the Administrator was observed turning on Resident #1's concentrator. The Administrator then placed the nasal cannula on Resident #1. On at 12:30 p.m. Resident #1 was observed having during lunch. The Administrator was observed turning Resident #1's machine on placing the nasal cannula on Resident #1.

On at 9:30 a.m. an interview was conducted with the Administrator. She stated Resident #1 has a diagnosis She further explained she wrapped Resident#1's arm because it swells (with fluids) and leaks. At 4:45 p.m. an interview with the administrator was conducted. The Administrator confirmed she administered via nasal cannula to Resident #1. The Administrator admitted there were no record of nursing services being provided to resident #1. She further stated there are no nursing notes or assessments for Resident #1.

A record review was conducted finding that resident #1 has a physician's order for dated to apply 2 liters, as needed via nasal cannula. Continued review of the record revealed there are no orders to wrap Resident #1's arms. Further review of the record revealed there was no documentation that resident is receiving limited nursing services, no nursing progress notes and no initial or monthly assessments.

Class III