STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910635	01/14/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
MRM Boarding Home	**6035 72nd Ave., North Pinellas Park, FL 33781**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D

Specific Tag Findings:

A complaint survey, CCR #2014010485, was conducted on [redacted].

MRM Boarding Home, Assisted Living Facility, had a deficiency cited at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, interview and record review, the facility failed to maintain an updated written record of changes resulting in the provision of additional services with respect to one of two residents (#2) whose files were sampled. Findings include:

At approximately 10:10 a.m. on [redacted], the dresser closet in Resident #2's [redacted] noted to be locked shut. Upon inquiry, the caregiver in charge stated that this was done because "the resident would otherwise take a handful of his clothing and throw it on the floor at any moment." Further interview with the administrator at approximately 11:15a.m. revealed that the resident "randomly [redacted] on said clothing if closet was left open and dressing unsupervised." She continued to explain that Resident #2 "frequently ignored the bedside urinal staff placed in his [redacted] a daily basis, choosing to urinate on the floor, thus necessitating that staff clean/mop up the [redacted]--often creating an odor." Review of the resident's record found no notes/other progress entries describing any of this. In addition, the administrator stated that she had begun a dialogue with the resident's guardian about said behavior in terms of being able to meet the resident's daily needs. Again--no relevant documentation could be found.
Interview with the administrator at approximately 1:30 p.m. on [redacted] verified that she had not provided any supporting notes/other documentation related to these behaviors/discussions.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
MRM Boarding Home
6035 72nd Ave., North
Pinellas Park, FL 33781

RE: CCR #2014010485

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2015 by representative(s) 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 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/cit
Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com