| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968365 | 03/09/2015 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Mayi's Alf Inc | 14053 Briardale Ln Carrollwood, FL 33618 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**

St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - [illegible] S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

**Specific Tag Findings:**

Assisted Living Facility

A Change of Ownership Survey was conducted on .

The Mayi's ALF Inc. had deficiencies found at the time of this visit.

**0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC**
Based upon observation & interview the facility failed to maintain an accurate medication observation record (MOR) for 1 (#1) of 3 residents.

Findings Include:

A review of the noon medication pass on for resident #1 revealed this resident received:

1. [illegible] 2mg. 1/2 tab (1mg) by mouth (5 times daily 8 a.m., 12 p.m., 5 p.m., 9 p.m., 12 p.m.).
2. Vit D 3-2000u 1 tab (3 times daily).
3. [illegible] 8mg. 1 tab (every 4 hours 4 a.m., 8 a.m., 12 p.m., 4 p.m., 8 p.m. 12 a.m.).

A review of the residents medication observation record for 2015 revealed that all of the residents prescribed medications were listed on 2 sets of MOR's. One of the set of MOR's was the "working" copy that the administrator was annotating at the time the medications were given. The other set was being filled in at a later time. The MOR copies that were being filled in later were folded over & kept behind the working copies. During interview the administrator (through interpreter at 12:30 p.m.) said that she keeps 2 copies so if she makes a mistake on 1 set of MOR's she can go back at the end of the month to keep them clean. She was concerned that the MOR would be messy.

A review of the MOR's for the other 2 residents (#2 & 3) revealed the administrator was following the same practice.

Class III

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**0078-Staffing Standards - Staff 58A-5.019(2) FAC**

Based upon record review & staff interview 1 (B) of 3 personnel records did not contained documented evidence of freedom from communicable including .

Findings Include:

A review of the personnel record for staff B, hired on revealed no documentation of freedom from communicable including . Per interview with administrator through an interpreter at 3:20 p.m., the test was done last Friday but the results not yet received.

Class III

**0081-Training - Staff In-Service 58A-5.0191(2) FAC**

Based upon record review & staff interview the facility failed to ensure that 1 (C) of 3 personnel records review had all required training within the required timeframe's.

Findings Include:

A review on of the personnel record for staff C, hired on revealed there was not documented evidence of training within 30 days of employment in the following areas;
1. Reporting major incidents.
2. Reporting adverse incidents.
3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
4. . Resident rights in an assisted living facility.
5.. Recognizing and reporting resident , neglect, and .
6. The facility resident elopement response policy & procedures

Through an interpreter (3:30 p.m.) the administrator stated staff C had this training but would have to get the documentation from staff for her record.

Class III

**0082-Training - HIV/AIDS 58A-5.0191(3) FAC**
Based upon record review & staff interview the facility failed to ensure that 1 (C) of 3 personnel records review had proof of training in /Aid's within 30 days of employment.

Findings Include:

A review on of the personnel record for staff C, hired on revealed there was not documented evidence of training within 30 days of employment in /AID's.

Through an interpreter (3:30 p.m.) the administrator stated staff C had this training but would have to get the documentation from staff for her record.

Class III

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**0090-Training -** **58A-5.0191(11) FAC**

Based upon record review & staff interview the facility failed to ensure that 1 (C) of 3 personnel records review contained proof of required training in the facility policy & procedures governing 's.

Findings Include:

A review on of the personnel record for staff C, hired on revealed there was not documented evidence of training within 30 days of employment in the facility policy & procedures regarding 's.

Through an interpreter (3:30 p.m.) the administrator stated staff C had this training but would have to get the documentation from staff for her record.

Class III

**0167-Resident Contracts 58A-5.025 FAC**

Based upon a review of the facility contract revealed the contract did not comply with required provisions for 3 of 3 residents (#1, 2 & 3).

Findings Include:

A review of the facility contract for care revealed that it included a statement which said that " the facility reserves the right to require a resident to leave without a 45 day notice when the resident or responsible party does not pay for the service as outlined in this agreement even after being provided with a written reminder that the bill is delinquent".

Through an interpreter the contract requirements were explained to the administrator who responded (12:35 p.m.) that she would not make a resident leave for this but would give 45 days notice. It was stated that the contract would be changed & everyone would sign a new contract.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Mayi's Alf Inc
14053 Briardale Ln
Carrollwood, FL 33618

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) state licensure 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 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 **Paul Brown**, HFES,] at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

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

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