STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966902	**04/29/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
MARY'S EXTREME CARE	**6107 SW 26TH STREET MIRAMAR, FL 33023**	

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

0000 - Initial Comments

An unannounced Relicensure survey with Extended Congregate Care (ECC) was conducted on at Mary's Extreme Care . The facility had deficiencies identified at the time of the visit.

E206 - ECC - Service Plans - 58A-5.030(7) FAC

Based on interview, record review and observation, it was determined the facility failed to ensure the Extended Congregate Care (ECC) Supervisor developed a preliminary Service Plan within 14 days of a resident's admission to the facility that is signed by the resident or the residents designee, 1 out of 1 sampled residents receiving ECC Services (Resident #3).

The findings include:

Resident record review conducted on of Resident #3's record revealed a facility Health assessment (AHCA form 1823) dated with diagnosis of , Bowel Obstruction. The physician noted soft diet orally as tolerated, Nufren 1.5 oz via tub. Further review of the record indicated physician orders dated for the tube feeding and monthly nursing assessments of the resident. Further record review revealed no preliminary service plan for Resident #3.

On at 12:45 PM, Resident #3 was observed being administered the tube feeding by the Home Health Nurse contracted by the facility to conduct the ECC services.

During an interview conducted on at 4:00 PM with the Administrator, who stated she was not aware a service plan should have been developed by the ECC Supervisor within 14 days of admission to ECC, agreed upon by the resident or designee and updated quarterly.

Class III

E208 - ECC - Records - 58A-5.030(9) FAC

Based on interview, record review and observation, it was determined the facility failed to maintain nursing progress notes, 1 out of 1 sampled residents receiving ECC Services (Resident #3).

The findings include:

Resident record review conducted on of Resident #3's record revealed a facility Health assessment (AHCA form 1823) dated with diagnosis of , Bowel Obstruction. The physician noted soft diet orally as tolerated, Nufren 1.5 oz via tub. Further review of the record indicated physician orders dated for the tube feeding and monthly nursing assessments of the resident. Further record review revealed no preliminary service plan for Resident #3.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966902	**04/29/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
MARY'S EXTREME CARE	**6107 SW 26TH STREET MIRAMAR, FL 33023**	

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

E208 Continued From page 1

During an interview conducted on at 11:20 AM with the Home Health Nurse who provides the tube feeding twice a day to Resident #3. She stated she was not aware she had to maintain daily notes regarding the nursing service she is providing. On at 12:45 PM, Resident #3 was observed being administered the tube feeding by the Home Health Nurse contracted by the facility to conduct the ECC services.

During an interview conducted on at 4:00 PM with the Administrator, who stated she was not aware that the nurse providing the nursing services had to maintain progress notes every time she provides the ECC service to a resident.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Mary's Extreme Care
6107 SW 26th Street
Miramar, FL 33023

RE: Extended Congregate Care (ECC) survey

Dear Administrator:

This letter reports the findings of a state licensure ECC survey that was conducted on 2015 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,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: 5000-3547
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com