RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Mayflower, The
725 NW Santa Blvd
High Springs, FL 32655

RE: CCR #2015005976

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by a representative of this office.

Enclosed 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
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XG90

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964997	08/11/2015
NAME OF PROVIDER OR SUPPLIER **MAYFLOWER, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **725 NW SANTA BLVD** **HIGH SPRINGS, FL 32655**	

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

0000 Initial Comments

On unannounced complaint survey CCR #2015005976 was conducted at the Mayflower Assisted Living Facility in High Springs Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0052 Medication - Assistance with Self-Admin

Based on observations and interviews the facility failed to assist 1 of 5 residents with assistance with self-administration of medication as required for 1 of 5 residents (#7).

Findings:

On / at approximately 4:35 PM an observation was made of the Administrator and staff A assisting residents with self-administration of medications. During the process resident #7 left the dining area where the assistance with self-administration was being conducted. The Administrator took the medication bottles for resident #7 and poured one dosage of the medication into a small paper cup and took the medication to the resident in his . The Administrator did not take the medication bottles with her or the medication observation record. She did not prepare the medication on the pretense to of the resident. She did not read the medication label to resident #7.

On / at approximately 5:30 PM the Administrator was asked why she did not read the medication label in the presents of resident #7 when she gave him his medication. She stated she was not thinking because she knew the resident was upset for having to wait on getting his med's, and I was in a hurry.

Class III

0078 Staffing Standards - Staff

Based on record reviews and interviews the facility failed to have a current examination and documentation showing staff does not have any signs or symptoms of communicable for 2 of 4 employees B & C.

Findings:

On at approximately 8:45 AM staff C was observed sweeping the floor in the dining area. The Administrator was asked to provide all the training documentation, background screening,

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and communicable statements. The Administrator stated that staff C did not have a current or communicable statement. She is scheduled to go to the clinic today and get those things done.

On a record review was conducted on staff C. It was observed that she was hired and she did not have a current examination or a freedom communicable statement in her record.

On at approximately 10:45 AM staff C stated her last exam and communicable statement was done 4 years ago when she worked at Tacachale.

On a record review was conducted on staff B who had been employed with the facility since . It was observed that he had no current examination or a statement that he was free from communicable in his record.

On at approximately 10:40 AM the Administrator stated staff B does not have a current examination or communicable statement because he has a second job and its been hard for her to get him to come in compliance.

Class III

0081 Training - Staff In-Service

Based on record reviews and interviews the facility to provide all the required in-service training for 2 of 3 direct care staff with 30 days as required for staff A & B.

Findings:

On a record review was conducted of staff A and B training records. It was observed that staff A was hired / . She had an elopement training certificate from Hampton Manor dated but did not have any training documentation showing she had elopement training from the Mayflower facility since being hired. It was observed staff B had not received any of his in-service training from the facility since being employed on .

On at approximately 10:15 AM an interview was conducted with staff A regarding her elopement training. She stated the only elopement training she has is what is in her training record from Hampton Manor.

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On at approximately 10:40 AM an interview was conducted with the Administrator regarding staff B not having completed the required in-service training. She stated staff B works part time and it has been difficult to complete the required training.

Class III

0090 Training -

Based on record reviews and interviews the facility failed to provide training to 1 of 3 direct staff members in within 30 days of hire for staff B.

Findings:

On a record review was conducted on staff B training records. It was observed that he was hired and he had not received his training as required.

On at approximately 10:40 AM the Administrator stated staff B had not completed his training because he works part time and its been difficult to schedule him for the training.

Class III

Z815 Background Screening: Prohibited Offenses

Based on record reviews and interviews the facility failed to have a level II background screening for 1 of 4 employees staff staff C.

Findings:

On / at approximately 3:00 PM the Administrator was asked who drives the facility Van and takes the residents to their appointments. She stated staff C was the only designated driver at this time.

On / at approximately 3:45 PM resident #2 stated that staff C drives the facility Van and takes residents to their appointments and shopping.

On / at approximately 5:35 PM during an interview with the Administrator she was advised that background screenings needed to be seen for staff C. She stated staff C did not have a current level II background screening yet.

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On a record review was conducted on staff C. It was observed that staff C was hired and she has no current background screening in her record.

Unclassified