STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910479	09/08/2015
NAME OF PROVIDER OR SUPPLIER **MARYLAND MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **7632 MARYLAND AVENUE** **HUDSON, FL 34667**	

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

0000 Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2015006366, was conducted on .

Maryland Manor, Assisted Living Facility, had deficiencies at the time of the visit.

0008 Admissions - Health Assessment

Based on interview and record review, the facility failed to maintain a required, permanent record of a medical examination documented as the Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823) for 1 (Resident #2) of 2 resident records reviewed.

Findings Include:

During a resident record review on , it was discovered that Resident #2's medical record did not contain a Resident Health Assessment- (AHCA Form 1823).
An interview with the administrator took place at 11:35 A.M. on . The administrator was asked to provide a copy of Resident #2's AHCA Form 1823 Form. The administrator was not able to locate it and asked the manager to find it.

An interview with the manager took place at 11:44 A.M. on concerning Resident #2's AHCA Form 1823. The manager was unable to provide AHCA Form 1823 for Resident #2.

Class III

0025 Resident Care - Supervision

Based on observation, interview and record review, the facility failed to maintain updated written records, documenting illnesses that required medical attention for 2 (Resident #1 and #2) of 2 resident records reviewed.

Findings Include:

Resident #1 was interviewed and observed at 10:13 A.M. on . The resident showed what appeared to be welts on her left arm. Resident #1 stated that she went to her doctor and he gave her a

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few tubes of cream. She stated that she uses it 3 times a day. She showed her right arm with a few small bumps and stated that they were here but now they're gone.

The manager was asked for a copy of Resident #1's Medications Observation Records (MORs) showing what medications Resident #1 was utilizing for her skin condition. The manager produced a copy of the MORs for Resident #1 showing the medication 5% Cream with instructions to apply from neck down and wash off in 6 hours. It also stated that skin irritation, including itching, , and redness may occur with . The MORs provided indicate that the medication was applied from / - .

The administrator was interviewed at 11:05 A.M. on and was asked about any residents who complained about bed bug bites. The administrator stated that Residents #1 and #2 had complained of bed bug bites but he thought it was more like and they had marks all over their bodies.

A review of Resident #1's medical record was conducted on . According to her medical record, she was admitted to the facility on . Resident #1's record shows a Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823) with the date of . Section 1 C. indicates no communicable which could be transmitted to other residents or staff. There was no documentation/assessment in Resident #1's file as to the diagnosis of her skin condition, who was notified concerning a need for medical attention or what care the facility is providing to alleviate the condition.

The manager was asked for documentation showing medications Resident #2 was getting for bed bug bites. The manager presented a document for Resident #2 entitled " Physician's Order " with the notation of charting for / through / . The Physician's Order shows the medication 5% Cream with the instructions to apply to body before bed and keep on all night. Wash off in shower in morning. repeat in 4 days if needed. There was no indication on the form as to why the medication was given.

A review of Resident #2's record was conducted on . According to Resident #2's medical record, he was admitted to the facility on . The record review also showed that there was no AHCA 1823 Form in his file. Additionally, there was no documentation/assessment in Resident #2 ' s file as to the diagnosis of his skin condition, who was notified concerning a need for medical attention or what care

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the facility provided to alleviate the condition.

An interview took place with the administrator at 12:43 P.M. on . When asked how Residents #1 and #2 were being treated for their skin conditions, he stated that they see an advanced registered nurse practitioner (ARNP) and apply lotions. A discussion took place concerning the lack of documentation in both Resident #1 and #2's medical files concerning their medical conditions and treatment.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Maryland Manor
7632 Maryland Avenue
Hudson, FL 34667

RE: CCR# 2015006366

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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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.

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
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Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Teresa Ryan**, RNC, at (727) 552-2000.

Sincerely,

Teresa Ryan RNC

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form