RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Mayflower, The
19880 North US Highway 441
High Springs, FL 32655

RE: ccr #2015005976

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2015 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2015.**

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,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

BBT7

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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964997	R
NAME OF PROVIDER OR SUPPLIER **MAYFLOWER, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **19880 N US HWY 441** **HIGH SPRINGS, FL 32655**	

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

0000 Initial Comments

On / an unannounced follow-up survey to a complaint, CCR #2015005976 was conducted at 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.

0054 Medication - Records

Based on record reviews and interviews the facility failed to insure proper documentation for recording medication dosages for 3 of 3 residents reviewed.

Findings:

On / at approximately 11:30 AM a medication review was conducted on residents #5, #7 and #9. After observing all three residents receiving assistance with self-administration of medication a review of the medication observation record (MOR) was conducted. It was observed resident #3 was missing several dosage documentation's for the month of 2015. Also missing from the MOR was the physicians name and contact number. It was observed that resident #7 was missing several dosage documentation's for the month of 2015. His MOR was missing the physicians name and contact number. It was observed that resident #9 was missing several dosage documentation's on his MOR for 2015. The physicians name and contact number were also missing for the MOR.

On / at approximately 11:51 AM an interview was conducted with the Administrator regarding the missing documentation from the MOR's for resident #5, #7 and #9. After she looked at the resident MOR'S she stated that staff B made the errors on the resident MOR's by not initialing the MOR after the resident took their medication. She stated she would ensure that the MOR's were properly documented from now on.

Class III