AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910479	02/15/2016
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

On , 2016, a biennial relicensure survey with limited mental health (LMH) was conducted at Maryland Manor on . Maryland Manor, Assisted Living Facility, had deficiencies at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on interview and record review, the facility failed to show proof of providing a required copy of the resident bill of rights for 3 (Resident #1,#2, and #6) of 3 residential contracts reviewed.

Findings included:

A review of residential records was conducted on .

A review of residential contracts (Contracts) showed no proof that the resident bill of rights was provided to Residents #1, #2, and #6 upon admission to the facility. Additionally, there was no proof included in the 3 residents ' files that the resident bill of rights was provided to them or discussed.

An interview was conducted with the administrator at 3:56 PM concerning the missing proof of the resident bill of rights included in the Contracts for Resident #1, #2, and #6. The administrator acknowledged that the resident bill of rights was not included.

Class III

0081 Training - Staff In-Service

Based on interview and record review, the facility failed to show proof of in-service training, within 30 days of employment, in the subjects of resident behavior and needs (Resident Behavior) as well as providing assistance with the activities of daily living (ADL Training) for 2(Staff B and C) of 4 employee records reviewed.

Findings included:

An employee record review was conducted on .

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A review of Staff B ' s record showed a date of hire of and a lack of training certificates in Resident Behavior and ADL Training. A review of Staff C ' s record showed a date of hire of // and a lack of training certificates in Resident Behavior and ADL Training. Staff B and C provide direct care to residents.

An interview was conducted with the administrator at 3:51 PM on . The administrator reviewed employee records for Staff B and C and stated that the training certificates were not there.

Class III

0093 Food Service - Dietary Standards

Based on observation, interview, and record review, the facility failed to post a dated menu that followed its registered dietitian approved 3 week menu cycle. Additionally, the facility failed to maintain an adequate 3-day supply of non-perishable food and water to be utilized in the event of an emergency.

Findings included:

A dining and food service review was conducted on .

An undated menu was observed in the facility ' s dining was entitled Regular Menu Cycle 1. The posted menu for the lunch meal read tomato soup, tuna salad sandwich, peas/carrots, pears, milk, coffee or tea. A sign posted by the menu stated that the soup substitution was chicken soup. The lunch meal served to the residents was consistent with the posted menu.

An interview conducted with the administrator at 12:30 PM on revealed that the facility was in Cycle 2 of its approved menu as he showed on a calendar that kept track of the appropriate menu to be used on a weekly basis. The administrator acknowledged that the wrong menu was posted and utilized by the staff.

A review of the facility ' s 3-day emergency food and water supply showed 24 servings of canned tuna (1 large can) and 25 servings of chicken (5 cans). This amount did not meet the required amount of servings of protein for the facility ' s census of 19. Additionally, there were no breakfast meals available and only 10 gallons of water were observed in the emergency food storage closet. The facility is required to have a minimum of 57 gallons of water available based on the day ' s census.

An interview with the administrator was conducted at 12:47 PM on and he acknowledged that emergency food and water supplies were low and did not meet requirements.

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Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on interview and record review, the facility failed to file an adverse incident report for a resident elopement that was reported to law enforcement.

Findings included:

An interview was conducted with Staff C at 10:49 AM on . When asked if any residents had wondered from the facility, Staff C stated that Resident #8 had left and after 4 hours she called the police. She stated that he was gone for 4 days, came back, and left again, prompting another call to the police.

A review of the Resident Observation Log dated stated that Resident #8 had been missing since yesterday at 11:00 AM.

A review of Resident #8 ' s record showed that he was admitted to the facility on . A review of his AHCA Form 1823 did not indicate whether he was or wasn ' t an elopement risk.

The administrator was interviewed at 11:05 AM on concerning Resident #8 ' s elopement. The administrator stated that Resident #8 goes out and doesn ' t come back and the facility notified the police. When asked if the elopement put the resident at risk, the administrator stated that it did. When asked if the facility filed an adverse incident report, the administrator stated that they did not.

Class III

0167 Resident Contracts

Based on interview and record review, the facility failed to provide a residential contract that provided a monthly rate for 2(Resident #2and #3) of 3 contracts reviewed.

Findings included:

A review of residential contracts (Contracts) was conducted on .

A review of Resident #2 ' s Contract showed a date of admission of with no Contract rate

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included. A review of Resident # 6 ' s Contract showed a date of admission of with no Contract rate included.

An interview was conducted with the administrator at 3:07 PM on and he was asked why there was no rate listed on the Contract for Residents #2 and #6. The administrator reviewed the Contracts, acknowledged the missing rates, and stated that he doesn ' t know what the residents ' incomes are when they are admitted to the facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Maryland Manor
7632 Maryland Avenue
Hudson, FL 34667

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited mental health (LMH) that was conducted on , 2016 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 , 2016.** 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(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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