RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Mathison Retirement Center
3637 West Highway 390
Panama City, FL 32405

RE: Licensure Survey With Complaint # 2015012595

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2016 by representatives 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure
XG90

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
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
	AL11965612	02/04/2016
NAME OF PROVIDER OR SUPPLIER **MATHISON RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **3637 WEST HIGHWAY 390 PANAMA CITY, FL 32405**	

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

0000 Initial Comments

Biennial/with LNS

An unannounced Biennial/with Limited Nursing Services (in conjunction with a complaint survey CCR#2015012595) was conducted on 2/3 - 2/4, 2016 at Mathison Retirement Assisted Living Facility. At the time of survey there were deficiencies identified.

0081 Training - Staff In-Service

Based on staff interview and record review the facility failed to ensure that 3 of 3 employees (#A, B, and C) received required trainings.

The Findings:

On a record review was conducted of (3) employee's personnel records to find the following:

1. Employee #A (hired in 2004) was missing: Assistance with Daily Living and Behavioral needs training, Emergency preparedness and evacuation and incident reporting training.

2. Employee #B (hired in 2012) was missing: Control, Emergency preparedness and evacuation, incident reporting training and nutritional and safe food handling.

3. Employee #C (hired in 2013) was missing: Emergency preparedness and evacuation, incident reporting training and nutritional and safe food handling training.

On at approximately 10:00a.m, an interview was conducted with the Administrator and Business Office Manager who confirmed that the (3) employees were missing the training.

Class III

0090 Training -

Based on staff interview and record review the facility failed to ensure that 1 of 3 employees (#C) received at lease one hour of training in .

The Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965612	**02/04/2016**
NAME OF PROVIDER OR SUPPLIER **MATHISON RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **3637 WEST HIGHWAY 390** **PANAMA CITY, FL 32405**	

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

On a record review was conducted of employee #C (hired in 2013) personnel file to find the staff member had no training in Orders.

On at approximately 10:00a.m, an interview was conducted with the Administrator and Business Office Manager who reported confirmed that employee #C did not have the training in her personnel file.

Class III