STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953669	**03/08/2016**
NAME OF PROVIDER OR SUPPLIER **MAYFLOWER ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1620 MAYFLOWER COURT** **WINTER PARK, FL 32792**	

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

0000 Initial Comments

The re-licensure survey was conducted on . . . . . Mayflower Assisted Living Facility had deficiencies found at the time of the visit.

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to have evidence 3 of 6 sampled staff (B, and D) had received the required in-service training within 30 days of employment.
Findings:

Review of Staff B and Staff D's personnel records revealed missing documentation for in- service trainings as follow:
Elopement response policies and procedures training, Emergency preparedness and Evacuation training, and Incident reporting and Adverse incident reporting within 30 days of employment.

Staff B date of hire . . / . . . and Staff D date of hire . . . . . There was no documentation the required training was received.

Interview on at 7:30 PM with the administrator confirmed that she was not aware that staff B, C and D did not have these specific trainings in their personnel records.

Class III

0085 Training - Nutrition & Food Service

Based on observation, record review and interview, the facility failed to ensure 1 out of 2 sampled dietary staff had received an annual nutrition and food service training (Staff E).

Findings:

On from 11:45 a.m. to 12:00 noon, Staff E Dietary Manager was observed supervising dietary staff in the assisted living floor. Staff F Director of Food Services was observed working in the main kitchen of the facility.

A review of Staff E's personnel records revealed he had received, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

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On at 7:15 p.m. staff E the administrator confirmed staff E had not received the required training.

Class III

0091 Training - Documentation & Monitoring

Based on record review and interview the facility failed to maintain training certificates in 1 out of 6 personnel files reviewed (Staff C).
Findings:
A review of Staff C's personnel file revealed a Date of Hire of / . Staff C's personnel file showed a list of training programs she had received, but there were no certifications on file. The training programs were as follow:
Control training, received / ,
training, received / ,
Elopement response training, received ,
Resident Rights training, received / ,
Recognizing/Reporting Neglect & training, received / , and
Safe Food Handling, received .

On at 5:35 p.m. the administrator confirmed that Staff C's personnel file did not have the above required certificates.

Class

0093 Food Service - Dietary Standards

Based on record review and interview, the facility failed to ensure its menus were reviewed annually by a licensed or registered dietitian and portion sizes were indicated on the menus.
Findings:
A review of the facility file revealed its 4-week-cycle menus were not annually reviewed by a licensed dietitian. Portion sizes were not indicated on the menus.
On at 6:25 p.m. Staff E (dietary manager) provided a name of the facility consultant dietitian from an electronic mail message. He stated he could not provide the menus with an original signature and the date that the consultant had reviewed the menus. He acknowledged portion sizes were not included in the menus.
Class III

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0161 Records - Staff

Based on record review and interview, the facility failed to maintain required documentation for 2 of 6 sampled employee files (Staff A and C).

Findings:

1. A review of Staff A's personnel file revealed the date of hire was . She had become the administrator on . Staff A's file did not have a job description for her current position as the administrator.

On at 5:45 p.m. the administrator stated that the management was working on creating a job description for her. She confirmed there was no job description for her position at this time.
Class

0167 Resident Contracts

Based on resident record review and interview, the facility failed to ensure that 1of 10 sampled residents (#1) had the monthly rate included in the resident contract.

Findings:

Review of Resident 1's contract revealed there was no monthly rate documented in the resident's contract.

Interview on at 7:30 PM with the administrator stating she was not aware that resident #1 did not have an updated contract with the correct information.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Mayflower Assisted Living Facility
1620 Mayflower Court
Winter Park, FL 32792

RE: CCR #Relicensure survey

Dear Administrator:

This letter reports the findings of a state licensure survey 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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

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