



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2016

Administrator
Mariner Palms
5303 Mariner Boulevard
Spring Hill, FL 34609

RE: CCR #2016000116

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2016 by a representative of this office.

Enclosed 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/05/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968295	(X3) DATE SURVEY COMPLETED 03/31/2016
NAME OF PROVIDER OR SUPPLIER MARINER PALMS	STREET ADDRESS, CITY, STATE, ZIP CODE 5303 MARINER BLVD SPRING HILL, FL 34609	

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

0000 Initial Comments

A complaint investigation CCR #2016000116 was conducted at Mariner Palms on 3/31/2016. Mariner Palms Assisted Living Facility had a deficiency at the time of the investigation.

Z828 Administrative Fines: Violations

Based on observation, interview and record review, the facility has confirmed an unclassified violation specific to exceeding its licensed capacity. The facility is licensed for 8 beds and there were 9 residents observed living in the facility.

Findings:

A facility tour was conducted immediately upon entrance to the facility on 3/31/2016 at 10:02 AM and 4 residents were observed in bed, 4 residents were observed seated in the common area watching television and 1 resident was observed seated at the dining room table for a total of 9 residents. Review of the facility framed license revealed a Standard License with Limited Nursing Services, License # AL12244, Certificate # 43643, with effective date of 03/31/2015 and expiration date of 03/31/2016. The facility is licensed with a total capacity of 8.

The Administrator provided a list of all the current residents in the facility on 3/31/2016 at 10:15 AM and the census listed included the names of 9 residents.

An interview was conducted with the Administrator on 3/31/2016 at 10:04 AM. She stated that she has 9 active residents living in the facility at this time. She stated that she is licensed for 8 residents. The Administrator stated that Resident # 5 was brought in by her son to the facility just for a month, but later the family said that they could not care for her. When asked why she accepted the resident when she knew that she was licensed for 8 beds, the Administrator replied, "I kept her because I was hoping that the building next door would be open and I would be licensed for 6 more beds." She stated she has not sent in the licensure application papers to the state. She stated she did not report the overcapacity to the state.

A review of Resident # 5's record showed that she was admitted to the facility since 03/31/2015.

Administrator confirmed on 3/31/2016 at 12:38 PM that she has been over capacity with 9 residents since 03/31/2015.

An interview was conducted with Staff A, caregiver, on 3/31/2016 at 1:45 PM. She stated she has

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worked at the facility since the beginning of 2016. She confirmed the facility has had 9 residents since she started working there.

During an interview with the Administrator on // at 2:00 PM, she stated that she tried to apply to have the facility licensed for 10 beds since the property (Mariner Palms) is able to take 12 clients, but when she attended the commissioner's meeting, the application was denied as she does not meet the required parking accommodation.

On // at 2:02 PM, the Administrator provided a printed copy of the current facility census of nine (9) residents. The Administrator signed and dated the printed census form. The Administrator further explained the reason she accepted Resident #5 is because she thought Resident #1, who was under hospice care, was going to die. She stated Resident #1 became really sick and unresponsive; all his family came down, but he turned around and became responsive. The Administrator also stated that one of the family members was supposed to take her mother home, but it never happened, so her census remained at 9.

Unclassified