AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910479	R 03/28/2016
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

A revisit to a Biennial state licensure survey with Limited Mental Health (LMH) of / was conducted at Maryland Manor on . Maryland Manor, Assisted Living Facility, had uncorrected 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 that the resident bill of right was included in residential contracts for 3 (Resident #1,#2, and #3) of 3 residential contracts reviewed.

Findings included:

A review of residential contracts (contracts) conducted on revealed that the contracts for Resident #1, Resident #2, and Resident #3 showed no reference to the residents bill of rights. A review of the resident records for Residents #1, #2, and #3 showed no indication that the residents bill of rights was discussed or provided to the residents.

An interview was conducted with the administrator at 9:55 AM on and he acknowledged that there was no proof in the Contracts or files for Resident #1, Resident #2, and Resident #3 of providing the resident bill of rights.

Class III

0081 Training - Staff In-Service

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

Findings included:

A review of employee records was conducted on . The administrator provided a document entitled New Employee Training dated / / .

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Records indicated that Staff A had a date of hire of / and Staff B had a date of hire of .
Records indicated that Staff A and Staff B provide direct care to residents.

The New Employee Training document showed that Staff A and Staff B did not receive Resident Behavior or ADL Training within 30 days of hire. Additionally, the New Employee Training document did not indicate the number of hours of in-service training provided for Resident Behavior and ADL Training.

The administrator was interviewed at approximately 10:00 AM on and the lack of documentation of training hours was discussed.

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11910479 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MARYLAND MANOR	7632 MARYLAND AVENUE HUDSON, FL 34667

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed	ID Prefix A0165 Reg. # 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC LSC	Correction Completed	ID Prefix A0167 Reg. # 58A-5.025 FAC LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) TL	DATE 4/7/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 2/15/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

EVENT ID: TJE512

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 revisit survey conducted on , 2016, by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies 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 , 2016.**

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 **Teresa Ryan**, RNC, of this office at (727) 552-2000.

Sincerely,

Teresa Ryan RNC

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State Form 5000-3547 & Revisit Report

BBT7

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