RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Mariner Palms
5303 Mariner Blvd.
Spring Hill, FL 34609

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 and/or new 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 this office at (386) 462-6201.

Sincerely,

Charles Bay for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

BBT7

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968295	R /
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 follow-up visit to a complaint survey (CCR #2016000116) was conducted on / at Mariner Palms Assisted Living Facility, License #12244. Mariner Palms had deficiencies at the time of the visit.

0010 Admissions - Continued Residency

Based on observation, interview and record review, the facility failed to perform a face to face medical examination by a health care provider for 1 of 2 residents who had a significant change (Resident #1).

Findings:

On /, a record review showed that Resident # 1 was admitted to the facility under Hospice care on with a , on his sacral area.

On / at 10:02 AM, an interview was conducted with the Administrator, who stated that Resident #1 came from another Assisted Living Facility with a .

An observation was conducted on / at 9:52 AM, which showed Resident #1 was in bed, alert, but unresponsive to verbal questions asked. Resident #1 was observed to have an connected to a drainage bag draining a scant amount of amber colored .

An observation was conducted on / at 9:55 AM, which showed 2 Registered Nurses (RN's) from Hospice came in to change Resident #1's dressing. RN #1 and RN #2 from Hospice were observed turning the resident to his side. Resident #1 was not able to assist in turning and repositioning.

During an interview with the Administrator on / at 2:42 PM, she stated that she performs care for Resident #1 and the aides empty his drainage bag. The Administrator stated that Resident #1 is taken out of bed with two person total transfer from bed to a chair 2 to 3 times a week.

An observation was conducted on / at 12:10 PM of Resident #1 being turned on his back by the primary caregiver. Further observation showed the primary caregiver feeding Resident #1 in bed, with the head of the bed elevated.

On / at 12:16 PM, an interview was conducted with Resident #1's primary caregiver, who stated that Resident #1 requires total care and is unable to feed himself.

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An observation was conducted on / / at 2:10 PM, which showed Resident #1 being turned to his right side with 2 pillows propped under his back for support.

On / /, a review of the latest Resident Health Assessment (AHCA Form 1823), dated , revealed that Resident #1 requires assistance with all activities of daily living (ADLs) with an "X" mark that includes bathing, ambulation, dressing, eating, self-care , toileting and transferring. There is no new AHCA Form 1823 - Resident Health Assessment for significant change found on file reflecting that Resident #1's current functional status.

An interview was conducted on / at 3:12 PM with the Administrator, who stated, regarding Resident #1, "The client is total care, and his 1823 needs to be updated."

Class III

0078 Staffing Standards - Staff

Based on observation, interview and record review, the facility failed to ensure that qualified staff were available to perform assigned duties consistent with their level of education and training specific to providing care to 2 of 8 residents (Resident #1 and #2).

Finding:

An observation was conducted on / / at 9:30 AM, which revealed that Resident # 1 and Resident # 2 has indwelling connected to a drainage bag.

An interview was conducted with the Administrator on / / at 2:42 PM. The Administrator stated that she performs care for both Residents #1 and #2. The Administrator also stated that she trained her caregivers to do care. Review of the caregivers - Staff A and B personnel files revealed they are caregivers and are not Certified Nursing Assistants (CNA).

On / , a review of the clinical skills performance check-off documents, provided by the the Administrator, revealed a Skill #19 with 22 steps on how to perform care. The clinical skill documents were signed by Staff A on / , Staff B signed on , and Staff C signed it on / .

On / , a review of Staff A's and B's personnel files revealed they are caregivers and are not

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licensed Certified Nursing Assistants (CNA) or licensed nurses.

During an interview with Staff A on / / at 2:15 PM, when asked if she provided any assistance with the residents' , Staff A replied that she cleaned the of Resident #2. Staff A confirmed on / / at 2:16 PM that she received care training from the Administrator, a Licensed Practical Nurse (LPN).

Class III

N277 LNS - Resident Care Standards

Based on interview and record review, the facility failed to obtain an order from the provider for 2 of 2 residents (Resident #1 and #2) receiving Limited Nursing Services (LNS).

Findings:

During an interview with the Administrator on / / at 10:02 AM, she stated that she has two residents receiving Limited Nursing Services (LNS). The Administrator stated that Resident #1 and #2 are both receiving LNS services for care and care and this is noted on the LNS Log Sheet.

On / /, review of the latest Resident Health Assessment (AHCA Form 1823) for Resident #1, dated , did not reveal an authorization from a provider regarding LNS services. Review of the latest Resident Health Assessment (AHCA Form 1823) for Resident #2, dated , did not reveal an authorization from a provider regarding LNS services.

During an interview with the Administrator on / / at 3:22 PM, she stated and confirmed that there was no specific order from the provider to admit the residents under LNS services.

Review of the LNS policy and procedure provided by the Administrator on / / at 3:22 PM, show it has no effective date and review dates. Page 1 of 3 of the policy reads: Subject: Limited Nursing Service Policy: To ensure that only those nursing services appropriate to the needs of the residents as specified in Section 10 A-5.013 (2) (x) are provided. A currently licensed nurse shall perform these activities, as authorized by a physician's order, copy of which will be maintained in the resident's file.

Class III

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N278 LNS - Records

Based on interview and record review, the facility failed to conduct a monthly nursing assessment for 2 of 2 residents (Resident #1 and #2) receiving Limited Nursing Services (LNS).

Findings:

During an interview with the Administrator on / at 10:02 AM, she stated that she has two residents receiving Limited Nursing Services (LNS). The Administrator stated that Resident #1 and #2 are both receiving LNS services for care and care and this is noted on the LNS Log Sheet.

During an interview with the Administrator on / at 11:46 AM, she stated that she has contracted with a Registered Nurse (RN) as her LNS Nurse Supervisor.

On / , record reviews for Resident #1 and #2 did not reveal a monthly nursing assessment on file.

During an interview with the Administrator on / at 3:22 PM, she stated and confirmed that the monthly nursing assessments for both Resident #1 and #2 were not completed by the LNS designated nurse.

Review of the LNS policy and procedure provided by the Administrator on / at 3:22 PM, show it has no effective date and review dates. Page 1 of 3 of the policy reads: Subject: Limited Nursing Service Policy: To ensure that only those nursing services appropriate to the needs of the residents as specified in Section 10 A-5.013 (2) (x) are provided. A currently licensed nurse shall perform these activities, as authorized by a physician's order, copy of which will be maintained in the resident's file. Page 3 of 3 of the policy reads under letter C: A nursing assessment conducted at least monthly shall be maintained on each resident who receives limited nursing service.

Class III