RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Mayfield Retirement Center
460 Newell Hill Road
Leesburg, FL 34748

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) 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(s). Should you have any questions please call Chuck Bory at 386-462-6201.

Sincerely,

Charles Bory for

Kriste J. Mennella
Field Office Manager

KJM/CB

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911097	08/09/2016
NAME OF PROVIDER OR SUPPLIER **MAYFIELD RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **460 NEWELL HILL ROAD** **LEESBURG, FL 34748**	

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

0000 Initial Comments

On , 2016, an Abbreviated Biennial Licensure Survey with Limited Nursing Services (LNS) was conducted at Mayfield Assisted Living Facility (facility license number 7389). Deficient practice was identified. The facility was not in compliance at this time.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to obtain omitted information for Resident Health Assessments (AHCA Form 1823) for 4 of 6 residents (Resident #2, #7, #8 and #10); and the facility failed to have Resident Health Assessments (AHCA Form 1823) for 2 of 6 residents (Resident #9 and #11).

Findings:

On , record reviews were conducted on Resident #2, #7, #8, #9, #10 and #11's Resident Health Assessments (AHCA Form 1823).

Resident #2's 1823 Health Assessment, dated / , was missing required comments on page 2. for supervision of activities of daily living. Page 3 was missing required comments for daily tasks. Medication information was missing on page 4.

Resident #7's 1823 Health Assessment, dated / , was missing medication information on page 4.

Resident #8's 1823 Health Assessment, dated / was missing required comments for activities of daily living on page 2. Page 3. was missing required comments for daily tasks.

Resident #10's 1823 Health Assessment, dated , was missing required comments for activities of daily living on page 2, and was missing required medication information on page 4.

Record review on Resident #9 and #11 revealed neither resident had an 1823 Health Assessment.

On at approximately 4:50 PM during an interview with the Administrator, she stated she did not know the information was missing from from Resident #2, #7, #8, #10's 1823 Health Assessments. She stated Resident #9 and #11 were considered independent residents and did not have 1823 Health Assessments.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911097	08/09/2016
NAME OF PROVIDER OR SUPPLIER **MAYFIELD RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **460 NEWELL HILL ROAD** **LEESBURG, FL 34748**	

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

Class III

0051 Medication - Pill Organizers

Based on observation and interview, the facility failed to provide a licensed nurse to administer medication from a pill organizer for 1 of 5 residents (Resident #12).

Findings:

On at 11:30 AM, an observation was conducted of Staff A, a Medication Technician, identifying Resident #12, then cleansed her hands with hand sanitizer, took the pill organizer container labeled "Tuesday," and put the pills in a cup and then into the resident's hands. Staff A did not inform the resident of the medication she was giving her. Staff A then observed the resident swallowing her pills and signed her name on the medication reminder (see photographic evidence).

An interview was conducted on at 11:30 AM with Staff A, who stated the family brings Resident #12's pill organizer filled with pills and staff places the pill organizer in the medication cart. Staff A stated, "I don't know what pills are in the pill organizer."

An interview with Administrator owner on at 12:30. She stated, "The way we understand it is the residents have to give themselves their own medication, the nurse practitioner, doctor or family can fill the pill organizers themselves. What we do is we store the pill organizers in the medication carts for security, hand the residents their medication and then they take their pills. Only independent clients have pill organizers if the resident is not able to take their medication on their own they can't have it. I did not realize resident #12 could not take her own medication."

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to provide evidence of a negative examination documented on a annual basis for 3 of 3 staff (Staff A, B and C).

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911097	08/09/2016
NAME OF PROVIDER OR SUPPLIER **MAYFIELD RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **460 NEWELL HILL ROAD** **LEESBURG, FL 34748**	

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

On , record reviews of employees files for staff A, B, & C show there is no updated examination.

On at 2:00 PM, an interview was conducted with the Director of Care, during which she confirmed the employees files have missing documentation on file. She stated she does not have a updated examination for 3 of 3 employees (Staff A, B & C), and she confirmed the employees are working.

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to provide required in-service training for 3 of 3 staff (Staff A, B and C).

Findings:

On , record reviews for Staff A, B and C showed no in-service training within 30 days of hire, before taking care of residents, to include lack of control training, activities of daily living, elopement response, emergency preparedness and evacuation, resident rights, nutritional and safe food handling, recognizing ,neglect and training.

On at 2:25 PM, an interview was conducted with the Director of Care, who stated Staff A, B and C's employee files have missing training certificates. This was confirmed by Administrative assistant and the Administrator.

Class III

0082 Training -

Based on record review and interview, the facility failed to provide required (Human Deficiency) in-service training for 3 of 3 staff (Staff A, B and C).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911097	08/09/2016
NAME OF PROVIDER OR SUPPLIER **MAYFIELD RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **460 NEWELL HILL ROAD** **LEESBURG, FL 34748**	

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

Findings:

On , record reviews for Staff A, B and C showed no in-service training within 30 days of hire, before taking care of residents, to include (Human Deficiency) Training.

On at 2:25 PM, an interview was conducted with the Director of Care, who confirmed the lack of Training certificates for Staff A, B and C. This was confirmed by Administrative Assistant and the Administrator.

Class III

0090 Training -

Based on record review and interview, the facility failed to provide required ( ) in-service training for 3 of 3 staff (Staff A, B and C).

Findings:

On , record reviews for Staff A, B and C showed no in-service training within 30 days of hire, before taking care of residents, to include lack of ( ) Training.

On at 2:25 PM, an interview was conducted with the Director of Care, who confirmed the lack of Training certificates for Staff A, B and C. This was confirmed by Administrative Assistant and the Administrator.

Class III

Z828 Administrative Fines: Violations

Based on interview, observation and record review, the facility failed to maintain resident census in compliance with their licensed capacity of 20 for 3 of 23 residents in the facility (Resident #9, #10 and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911097	08/09/2016
NAME OF PROVIDER OR SUPPLIER **MAYFIELD RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **460 NEWELL HILL ROAD** **LEESBURG, FL 34748**	

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

#11).

Findings:

On at approximately 9:30 PM, during an entrance conference with the Kitchen Manager, she stated the current census was 17 residents and there were 6 independent residents which were not on the census, that are also living in the facility.

On at approximately 11:35 AM, an interview was conducted with the Administrator in reference to the facility census. She stated the current census is 17 residents and there are 6 residents in the facility which are completely independent. She stated she does not have a Resident Health Assessment (AHCA Form 1823) on every resident in the building. She was asked if independent residents eat with Assisted Living residents and she stated, "Yes." She was asked how does she know if residents that do not have a Resident Health Assessment (AHCA Form 1823) do not have a communicable . She stated she does not know if they have a communicable or not.

On at approximately 12:20 PM the Kitchen Manager provided a hand written list of the non-Assisted Living Residents living in the facility, which consisted of 6 people.

On a record review was conducted on the 6 independent residents in the facility it was observed that 4 of the six residents had Resident Health Assessments (AHCA Form 1823). Resident #9 and #11 did not have 1823 Health Assessments.

On at approximately 3:10 PM, an interview was conducted with Resident #11. During the interview, he stated that staff assist him with his stockings and assist him if he has a . He stated staff cleans his , and holds his medications for him in a pill organizer he sets up because he forgets to take his medication.

The facility is licensed for 20 residents. It was verified during this survey that the facility was three residents over capacity.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911097	**08/09/2016**
NAME OF PROVIDER OR SUPPLIER **MAYFIELD RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **460 NEWELL HILL ROAD** **LEESBURG, FL 34748**	

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

Unclassified