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 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
Enclosure

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
	AL11968295	08/25/2016
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

On , a Biennial Survey with Limited Nursing Services (LNS) was conducted at Mariner Palms Assisted Living (License #12244). Deficient practice was identified during the survey.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, the facility failed to ensure personal and electronic privacy for 1 of 6 residents (Resident #5).

Findings:

During an observation on at 9:15 AM, Resident #5 was observed in the on the toilet with the open. The resident was not covered to ensure privacy. The resident was visible to anyone walking in the hallway.

During an observation on at 9:45 AM, the computer kiosk on the medication cart was observed to be open, revealing Resident #5's Medication Observation Record (MOR). The facility staff was not in the area of the medication cart where the kiosk was opened. The resident's MOR was visible to any person walking in the facility.

During an interview on at 10:00 AM with the Owner/Administrator/Licensed Practical Nurse (LPN), she stated the should not have been left opened leaving the resident visible. The Owner/Administrator/LPN observed/confirmed the computer kiosk was open on the medication cart and should not have been left open and unattended.

During an interview on at 10:12 AM with Resident #5, she stated it is not unusual for her to be in the the door opened.

During an interview on at 10:23 AM with the Certified Nursing Assistant (CNA), she stated she had left Resident #5 in the left the open. The CNA stated she knew better than to leave the resident in the the door opened since she had been a CNA for 20 years.

Class III

Z814 Background Screening Clearinghouse

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Based on record review and interview, the facility failed to obtain a background screening for 1 of 3 staff (Staff B), a new employee that had a break in service of more than 90 days, and the facility failed to update the employee roster in the Agency Background Screening Clearinghouse.

Findings:

On , a review of the personnel file for Staff B, a kitchen worker, revealed a hire date of . Staff B's personnel record showed a Level 2 Background Screening, dated . Further review revealed verified previous employment with an end date of .

An interview was conducted with the Administrator on at 11:40 AM. She confirmed Staff B's employment started on / . She further stated Staff B did have a break in service and a new background screening had not been done. She also confirmed Staff B is not listed on the facility's employee roster.

Unclassified