AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968770	01/10/2017
NAME OF PROVIDER OR SUPPLIER **MAYDEL ALF 2 CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **14910 N OLA AVE** **TAMPA, FL 33613**	

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

0000 - Initial Comments

Assisted Living Facility

On 1/ , a biennial relicensure survey was conducted at Maydel ALF 2 Corp. Deficient practice was identified during the survey.

(Lic. #12628)

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation and record review, the facility was inappropriately using bed rails with respect to one of one resident sampled (#5) with said device in place. In addition, the facility's contract included verbiage regarding waiver of the 45-day notice that violated Ch. 429 with respect to two of two resident contracts reviewed (#3; #5).

Findings included:

During the facility tour conducted between 10am and 12pm on 1/ , half-bed rails were observed to be attached to the bed of Resident #5. According to the administrator in an interview at 10:30am on 1/ , this individual could not be interviewed due to speech and . Although review of Resident #5's file found a physician's order for half-bed rails, this order was from . Further review of the record found no subsequent update to this order, and interview with the administrator verified that no updated evaluation for the bed rails had been obtained on an annual basis as required by statute.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, one of two direct care staff sampled who had been employed at least 30 days (B) had not received all required training.

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Findings includec:

A personnel file review during the I/ inspection revealed that Staff B, hired , had no documentation verifying that he/she had taken the 1 hour training in safe food handling practices. Interview with that adminstrator at 11am on / indicated that Staff B worked during the evening and night shift, and sometimes prepared snacks and occasionally made breakfast for the residents.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview, one of two care staff sampled (C) who had been employed at least 30 days had not received the minimum 2 hours of continuing education training in safe medication practices on an annual basis.

Findings included:

A personnel file review during the I/ survey revealed that although Staff C had taken the 4 hour assistance with medication self-administration training , further review of this individual's record found no documented evidence that a 2 hour update training in medication practices/related topics had been obtained within the past year. Interview with the administrator at 1pm on I/ confirmed that no 2 hour continuing education course had been taken by Staff C.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on interview and record review, the administrator had not obtained continuing education in topics pertinent to nutrition and food service in an ALF on an annual basis.

Findings included:

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In an interview with the administrator at 10:15am on 1/ /, she stated that she was the person in charge of the facility's food service. Review of the administrator's personnel file found a 2 hour nutrition/food certificate that had expired . Interview with the administrator at 12:45pm on / / provided no clarification for this discrepancy.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility did not maintain a complete weight record for one of two residents sampled (#5).

Findings included:

A review of resident records during the /_ survey found that for Resident #5, admitted , no weights were available for inspection. Interview with the administrator at 11:20 am on / verified that these weights could not be produced and provided no explanation for the discrepancy.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Maydel ALF 2 Corp
14910 N Ola Ave
Tampa, FL 33613

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2017, by representative(s) of this office.

Attached 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 , 2017.** 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr
Enclosure: State Form 5000-3547

XG90

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