STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964997	05/15/2017
NAME OF PROVIDER OR SUPPLIER **MAYFLOWER, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **19880 N US HWY 441** **HIGH SPRINGS, FL 32655**	

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

0000 - Initial Comments

An unannounced biennial licensure survey was conducted on at The Mayflower Assisted Living Facility (License #9545) 19880 N. Highway 441, High Springs, Florida. Deficient practice was identified at the time of the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview the facility failed to ensure that the Resident Health Assessment (AHCA Form 1823) was completed without omissions for 1 of 3 residents (Resident #5).

Findings:

A review of Resident #5's AHCA Form 1823, dated , showed the resident nursing/treatment/ service requirements and special/precautions sections were not completed.

During an interview on at 1:30 PM, the Administrator reviewed and confirmed the AHCA Form 1823 was not completed for Resident #5.

Class III

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review and interview, the facility failed to maintain up to date an accurate Resident Health Assessment (AHCA Form 1823) for 1 of 1 residents (Resident #1), who had a significant change in condition.

Findings:

On at approximately 10:00 am, Resident #1 was observed outside of his apartment with portable .

On , a record review for Resident #1 indicated resident was in need of physical occupational , and skilled nursing. There was no indication on the Resident Health Assessment (AHCA Form 1823) for Resident #1 of use or necessity for portable .

On at 12:10 pm, during an interview with the Administrator, confirmation was obtained that Resident #1 no longer receives physical or occupational , but does see the visiting nurse from the VA. Administrator confirmed the resident has continuous , but can not locate an order

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or notation on Resident Health Assessment (AHCA Form 1823). Administrator confirmed that the resident is in need of an updated 1823, stating present level of required nursing/treatment/ services.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation, interview and record review, the facility failed to ensure accurate assistance with self-administration of medication for 1 of 2 residents (Resident #1).

Findings:

An observation on at 11:24 AM showed that Resident #1 was assisted with the medication (Inhaler)2 puffs by mouth twice a day. The label on the box showed to rinse mouth and spit after use. The resident did not rinse and spit after use. A review of the Medication Observation Record (MOR) showed to administer the at 4:30 PM.

During an interview on at 12:42 PM, the Medication Technician (MT) stated she thought the Resident #1 rinsed his mouth with soda and spit in the clear cup. The MT also confirmed the resident's MOR showed the resident was to use his Inhaler at 4:30 PM. The MT stated this was a mistake, the inhaler is supposed to be given at 12:30 PM.

A review of the MOR for , 2017 showed that Resident #1's Inhaler was being administered at 7:00 AM and 4:30 PM.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on record review and interview, the facility failed to ensure staff persons completed a one-time education course on and for 2 of 3 staff records reviewed (Staff A & B).

Findings:

An employee record review was conducted on at 1:30 PM. During the record review, no evidence of completion of / required training was found in either Staff A's or Staff B's employee record.

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An interview was conducted with the Administrator on at 2:20 PM. During the interview, the Administrator stated she could not confirm Staff A's or Staff B's completion of / training.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and interview, the facility failed to ensure staff members completed ( ) courses that are provided by an in-person trainer, and from an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health, for 3 of 3 staff records reviewed (Staff A, B & C).

Findings:

During an employee record review on at 1:30 PM for Staff A, Staff B, and Staff C, it revealed current certificates of completion of ( ) training from the International Institute for Staff A, B, & C.

An interview was conducted with the Administrator on at 02:45 PM, concerning the International Institute and what type of course training was received. Both the Administrator and Staff B stated they believed The International Institute to be accredited. Staff B further stated the courses are offered on-line and that they do have a web-site.

On at 4:09 PM an e-mail to the International Institute was sent to the Support Care Staff inquiring as to what kind of training they offer in order to obtain certification in and First Aid. On at 4:15 PM an e-mailed response was received from a Support Staff Person, which reads as follows:

"Our courses are strictly online. The courses consist of sections of reading material followed by a quiz on the material. An 80% is required to pass. The / courses will also include video demonstrations of and how to use an device. Once you have passed the quiz you can immediately print your certificate and temporary wallet card. Your permanent card will be mailed the following day and takes about 3-5 days to arrive."

Class III

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0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility failed to provide a 30 day written notice before rate increase for 1 of 1 residents (Resident #1).

Findings:

On , a record review of Resident #1's initial resident contract, dated , showed a monthly rate of $950.00 a month. Subsequent documentation on a photographed check issued to The Mayflower Assisted Living, dated , showed new rate of $1200.00/month. No additional documentation of rate increase was observed.

On at 12:10 pm, an interview with the Administrator was conducted. The Administrator stated the monthly rate for Resident #1 is $1200.00/month. The Administrator stated she is aware the resident is to have a written 30 day notice of rate increase but no documentation can be produced. The Administrator stated, "It should have been done, but it wasn't."

Class III

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview, the facility failed to ensure a staff member subject to Level 2 Background Screening, did not have a break in service for more than 90 days for 1 of 1 staff (Staff C); and the facility failed to ensure staff completed an Attestation of Compliance every 5 years for 3 of 3 staff (Staff A, B and C).

Findings:

An employee record review of Staff C's employment application was completed on at 1:15 PM. The employment application revealed Staff C had a break in service of over 90 days from his last day of employment until the facility's hire date of .

An interview was conducted with the Administrator on at 1:20 PM, who, after reviewing Staff C's employment application, confirmed Staff C did have a break in service, which was over 90 days. She further stated she did not catch that. She stated she just saw he had a current Level 2 Background Screening and that was all she looked at.

An employment record review was completed on at 1:23 PM. The employee record review

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revealed no evidence of Staff A, B and C completing an Attestation of Compliance.

An interview was conducted on at 1:25 PM with the Administrator. The Administrator stated, when asked where the Attestation of Compliance forms were in the staff records for Staff A, B and C, she did not know what an Attestation of Compliance form was. She further stated we do not have any such forms. She concluded the interview by stating she did not know that was something we were required to have and asked the survey team for more information.

Unclassified