STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968295	12/18/2017
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 Complaint survey CCR# 32017011817 was conducted at Mariner Palms Assisted Living Facility (lic# 12244). Deficient practice was identified during survey.

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

Based on observation, interview, and record review, the facility failed to to determine the continued appropriatness of 1 of 3 residents in the facility. For resident #2.

Findings:

During an observation on at 10:04AM, resident # 2 was observed to have a vac attached to a on the right hip.

Record review of resident #2 1823 dated revealed a diagnosis and medical history of , and Parkinson's, and no mention of a on the right hip.

Record review of home health skilled nurse visit documentation dated revealed a right hip , but no order for the vac.

Record review of home health skilled nurse visit documentation dated revealed a right hip , that is Unstageable.

In an interview on at 12:30PM, the Home Health Agency nurse said the vac was applied to the resident on . She said the was unstageable. She said the started in .

In an interview on at 11:48AM, the administrator said she was aware that the resident had a vac. She said the resident developed the in . She said she realizes the has not gotten better. She said she felt that the resident should have been on Hospice care, but they tried to give the a chance to heal. She also confirmed that she does not have an updated 1823 to show that that the resident had a change in condition or an order for the vac. She said she will call the Advance Registered Nurse Practioner and get an 1823.

In an interview on at 11:52AM, Staff Member D confirmed that the resident did not have a new 1823.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968295	**12/18/2017**
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)

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968295	12/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARINER PALMS	**5303 MARINER BLVD SPRING HILL, FL 34609**

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

0000 - Initial Comments

On , a Complaint survey CCR# 32017011817 was conducted at Mariner Palms Assisted Living Facility (lic# 12244). Deficient practice was identified during survey.

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

Based on observation, interview, and record review, the facility failed to to determine the continued appropriatness of 1 of 3 residents in the facility. For resident #2.

Findings:

During an observation on at 10:04AM, resident # 2 was observed to have a vac attached to a on the right hip.

Record review of resident #2 1823 dated revealed a diagnosis and medical history of , and Parkinson's, and no mention of a on the right hip.

Record review of home health skilled nurse visit documentation dated revealed a right hip , but no order for the vac.

Record review of home health skilled nurse visit documentation dated revealed a right hip , that is Unstageable.

In an interview on at 12:30PM, the Home Health Agency nurse said the vac was applied to the resident on . She said the was unstageable. She said the started in .

In an interview on at 11:48AM, the administrator said she was aware that the resident had a vac. She said the resident developed the in . She said she realizes the has not gotten better. She said she felt that the resident should have been on Hospice care, but they tried to give the a chance to heal. She also confirmed that she does not have an updated 1823 to show that that the resident had a change in condition or an order for the vac. She said she will call the Advance Registered Nurse Practioner and get an 1823.

In an interview on at 11:52AM, Staff Member D confirmed that the resident did not have a new 1823.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968295	**12/18/2017**
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)

Class III