STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910479	**02/12/2018**
NAME OF PROVIDER OR SUPPLIER **MARYLAND MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **7632 MARYLAND AVENUE** **HUDSON, FL 34667**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to maintain the employment status of employees, within the employee roster listed in the AHCA background screening clearinghouse (Employee Roster), for one (Administrator) of six employee records reviewed.

Findings included:

A review of Agency Background Screening website revealed the facility has an incorrect person listed as administrator on employee roster. BGS clearinghouse has the facility owner listed as Administrator.

Interview with the Owner at 1:30pm on , he stated current Administrator took over role on . Owner further indicated that he has paperwork regarding change of administrator prepared to send to AHCA and all copies were at his residence.

Interview with the Administrator at 1:30pm on , he confirmed change was not in effect.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910479	**02/12/2018**
NAME OF PROVIDER OR SUPPLIER **MARYLAND MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **7632 MARYLAND AVENUE** **HUDSON, FL 34667**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

An biennial relicensure survey with limited mental health (LMH) was completed at Maryland Manor, (License #7165), an assisted living facility on . . Deficient practice was identified during the survey.

(License# 7165)

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 residents' medical examination forms (AHCA Form 1823) were fully completed, including the physical and mental status of resident, for one (Resident #3) of four residents' records sampled.

Findings included:

A review of Resident #3's record on , who was admitted to the facility on , showed that the resident's current AHCA Form 1823 had no documented diagnosis when the examination was conducted.

The Administrator was interviewed at 12:25 PM on concerning the lack of a physical and mental diagnosis on Resident #3's AHCA Form 1823 and acknowledged that the form was not complete.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on interview and record review, the facility failed to provide required documentation in personnel record for one (Administrator) of four staff records reviewed. The facility also failed to document freedom from annually for two (Staff A and Staff B).

Finding include:

A review of the Administrator personnel file revealed no documentation from a health care provider

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910479	02/12/2018
NAME OF PROVIDER OR SUPPLIER **MARYLAND MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **7632 MARYLAND AVENUE** **HUDSON, FL 34667**	

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

(ARNP; physician; physician assistant) attesting to this staff person's freedom from signs/symptoms from other communicable . . . . . or documentation indicating freedom from . . . . . .

A review of the personnel file for Staff A (hired . . .) indicated that the last documentation of freedom from was on . A review of the personnel file for Staff B (hired) indicated the last documentation of freedom from . . . . . was . . . . .

Interview with the Administrator at 1:40pm on . . . . . confirmed that no subsequent evaluation had been obtained.

Class III

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

Based on interview and record review, the facility failed to provide required training documentation in personnel record for one (Administrator) of three staff records reviewed.

Finding include:

A personnel file review during the . . . . . survey found that the Administrator did not have documentation of completed Emergency Preparedness nor Elopement training.

Interview with Administrator at 1:30pm confirmed the missing trainings and stated he will complete it as soon as possible.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on interview and record review, the facility failed to provide required training documentation in personnel record for one (Administrator) of three staff records reviewed.

Finding include:

A personnel file review during the survey found that the Administrator did not have documentation of completed Do Not Resucitate Order training.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910479	02/12/2018
NAME OF PROVIDER OR SUPPLIER **MARYLAND MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **7632 MARYLAND AVENUE** **HUDSON, FL 34667**	

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

Interview with Administrator at 1:30pm confirmed the missing training and stated he will complete it as soon as possible.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, interview, and record review, the facility failed to provide documentation that the facility's menus reviewed were reviewed annually by registered/licensed dietician.

Finding include:

A review of facility's menus during the survey found that the menus had no documented dates on when they were reviewed.

In an interview with the Owner on at 1:15pm, he stated his wife handled the menus and she . Owner reported the facility is in the process of obtaining a registered dietician to update menus.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on interview and record review, the facility failed to ensure staff have required training in limited mental health (LMH) to meet the limited mental health needs of residents for two (Administrator and Staff D) of three staff records reviewed.

Finding include:

A personnel file review during the survey found that Administrator and Staff D did not have documentation of completed LMH training.

Interview with the Administrator and Owner at 1:30pm on , they confirmed Administrator and Staff D did not complete required LMH training. Administrator stated he was unaware Staff D did not have the training. The Administrator stated he will schedule himself for next available training.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910479	**02/12/2018**
NAME OF PROVIDER OR SUPPLIER **MARYLAND MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **7632 MARYLAND AVENUE** **HUDSON, FL 34667**	

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