STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966202	R 03/07/2018
NAME OF PROVIDER OR SUPPLIER **MARI-MAR MANOR 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **493 8th AVENUE NORTH** **SAINT PETERSBURG, FL 33709**	

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

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview the facility failed to ensure that a Level II background screening was completed for two (Staff D and Staff B) of three employees who worked at the facility and were scheduled to provide care to the residents.

Findings included:

Review of the AHCA Background Screening Clearinghouse Agency website revealed that Staff B and Staff D were not listed on the employee roster for the provider. Further review of the background screening website revealed that Staff B did not have a Level II background screening and Staff D required a new level two background screening.

During interview with Staff D on at 10:33 a.m., he confirmed that he worked the facility as a caregiver. Staff D also stated that Staff B cooks for the residents.

During interview with Resident #9 at 10:45 a.m., the resident identified Staff B as an employee who cooks for the residents.

During interview with Resident #1 at 11:06 a.m., the resident identified Staff B as an employee who assists him with his shoes and socks, and cooks for the residents.

During interview with Resident #8 at 11:20 a.m., the resident identified Staff B as an employee who cooks for the residents.

During interview with Resident #5 at 11:42 a.m., the resident identified Staff B as an employee who cooks for the residents.

During interview with the Administrator, on at 04:22 p.m. the Administrator confirmed that Staff B cooks for residents, but she did not identify him an employee. The Administrator stated she preferred not to provide Staff B's information for background screening review.

On at 04:32 p.m., the Administrator reviewed and confirmed that Staff D did not have a level II background screening. The Administrator stated that she did not check if Staff D had the required level II background screening before employment because she trusted him.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966202	R **03/07/2018**
NAME OF PROVIDER OR SUPPLIER **MARI-MAR MANOR 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **493 8th AVENUE NORTH** **SAINT PETERSBURG, FL 33709**	

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

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966202	R 03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARI-MAR MANOR 2	**493 8th AVENUE NORTH** **SAINT PETERSBURG, FL 33709**

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

0000 - Initial Comments

Assisted Living Facility

An revisit to a complaint (CCR#2017013097 & CCR#2017014427) survey was conducted in conjunction with a biennial and third revisit to complaint (CCR#2017005457), on at Mari-Mar Manor 2 (License #10437), an Assisted Living Facility located in Saint Petersburg, Florida. There were deficiencies identified during the survey.

License #10437

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation, interview and record review, the facility failed to meet the minimum requirement of scheduled activities available to the facility residents.

Findings included:

During interview with Resident #3, on at 09:44 a.m., Resident #3 expressed that when the facility offers activities, he attends. He stated that the facility did nothing for fun. Resident #3 was shown the facility's activities schedule and confirmed that the facility has not done or asked if the residents wanted to participate in scheduled activities.

During interview with Resident #2, on at 09:59 a.m., resident stated that, "We sit around for fun. They have only asked about games twice in the 6 months that I've been here." Resident #2 was showed the facility's activity schedule, and stated that he was not aware there was an activities schedule.

During interview with Staff D on at 10:33 p.m., he stated that there were games on the table and the television for the residents, and they can go outside. Staff D stated that the residents have not done any activities ever since he started working at the facility. Staff D did not know about the schedule for activities. Staff D confirmed that neither he nor the Administrator invited the residents to participate in any activities.

During interview with Resident #1, on at 11:06 a.m., Resident #1 stated that it would not matter to him if the facility asked them about activities. Resident #1 was showed the facility's activities schedule and confirms that facility did not ask them, or do the scheduled activities with the residents.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966202	R 03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARI-MAR MANOR 2	**493 8th AVENUE NORTH** **SAINT PETERSBURG, FL 33709**

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

During interview with Resident #8 on at 11:20 a.m., Resident #8 stated that the facility never asked about activities. The facility has a bingo set but never used it. Resident #8 was showed the facility's activity schedule, and stated that he was not aware there was an activities schedule.

Class III

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

Based on observation, interview, and record review, that facility failed to ensure that residents were provided with safe environment free of bed bugs for two residents (#2 and #1) who shared a the facility.

Findings included:

During interview with Resident #2, on at 09:59 a.m., Resident #2 stated that he has been bitten on his arms by bed bugs. Resident #2 showed his arms with what appears to be reddish spots. Resident #2 stated that the Administrator was aware of continued bed bug infestation.

While conducting record review on at approximately 01:15 p.m., facility binders used for record keeping was observed with live bugs that appeared to be bed bugs crawling out of the binders. Administrator was notified.

On at 01:20 p.m., the Administrator stated that the facility has been working on the beg bug infestation since , of 2017. The Administrator confirmed that she admitted Resident #9 to the facility knowing that the facility had a bed bug infestation and did not notify the resident of the bed bugs. Resident #9 who was present, stated that she was not informed that the facility had bed bugs.

Record review revealed that Resident #2 was admitted on .
Record review revealed that Resident #9 was admitted on .

On at 07:00 p.m., Resident #1 stated that he has been bitten by bed bugs, and showed his right arm with reddish spots.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966202	R 03/07/2018
NAME OF PROVIDER OR SUPPLIER **MARI-MAR MANOR 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **493 8th AVENUE NORTH** **SAINT PETERSBURG, FL 33709**	

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

Based on interview and record review, the Administrator inaccurately documented medication as given to resident while the facility was out of the medication, and failed to update the Medication Observation Record (MOR) each time medication was provided to one (#9) resident of three residents selected for medication review.

Findings included:

During observation of assistance with medication self-administration, on [redacted] at 10:00 a.m., the Administrator was observed providing medication to Resident #9 without reviewing or documenting in the MOR for medications provided.

On [redacted], at 11:24 a.m., the Administrator was informed that the medications provided to Resident #9 were not documented as given. The Administrator reviewed the MOR and confirmed that she did not document her initials for the medications given.

During interview with Resident #9, on [redacted] at 10:45 a.m., the resident indicated that she ran out of a medication (Proton Pump Inhibitor) on [redacted].

Review of the MOR for Resident #9 revealed that the Proton Pump Inhibitor was documented as given for [redacted] and [redacted] at 08:00 a.m.

On [redacted], at 02:45 p.m., the Administrator confirmed that Resident #9 was out of the medication, and that the Administrator documented the medication as given, when it was not available at the facility. Administrator searched and confirmed that medication packaging was missing.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, interview and record review, the facility failed to ensure that prescribed medications were filled or refilled in a timely manner for two (#2 and #8) residents; and failed to obtain written orders within 10 working days for medication changes for two (#2 and #8) residents of three residents selected for medication review, who receive assistance with self-administration of medication, or medication administration.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966202	R 03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARI-MAR MANOR 2	**493 8th AVENUE NORTH** **SAINT PETERSBURG, FL 33709**

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

During observation of assistance with medication self-administration of medication, on at 09:25 a.m., the Administrator was observed providing medication scheduled for 08:00 a.m. for Resident #2.

Record review for Resident #2 revealed that the MOR indicated that Resident #2 was to receive a medication dosage of one tablet a day, which conflicted with the medication label, which indicated two tablets a day. Review of physician orders revealed that the medication was ordered for two times a day.

On at 11:24 a.m., the Administrator reviewed resident #2's records and confirmed that she provided the medication once a day which was not as ordered. Administrator was informed and confirmed, after she reviewed the medication labels and the MOR for Resident #9, that she provided Resident #9 with two medications (and) that were scheduled for bedtime.

During interview with Resident #9, on at 10:45 a.m., resident indicated that she ran out of a medication (Proton Pump Inhibitor) on .
Review of the MOR for Resident #9 revealed that the Proton Pump Inhibitor was documented as given for and at 08:00 a.m.

On , at 02:45 p.m., the Administrator confirmed that Resident #9 was out of the medication. Administrator searched and confirmed that medication packaging was missing.

During interview with Resident #8, on at 11:20 a.m., resident indicated that he ran out of a medication (patch), he stated that he was not informed until the facility ran out of the medication.

On at 03:15 p.m., Administrator reviewed Resident #8's MOR and confirmed that resident was out of the medication on and did not receive the following patch that was scheduled for . The Administrator stated that she was supposed to assist Resident #8 with the medication, but did not.

During interview with the Pharmacist on on 03:31 p.m., the Pharmacist confirmed that the medication was ordered on at 08:08 p.m., on the day that the medication ran out.
Pharmacist stated that the medication needed to be approved by Resident #8's primary care physician prior to being sent to the facility, and confirmed that a timely order of medication would have been prior to the resident running out to allow ample time for approval by primary care provider for Resident #8.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966202	R 03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARI-MAR MANOR 2	**493 8th AVENUE NORTH** **SAINT PETERSBURG, FL 33709**

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

The Pharmacist confirmed that the Proton Pump Inhibitor for Resident #9 was ordered on for 14 days, "we were not sure if was to be taken out of the MOR or not, and did not get clarification." Pharmacist confirmed that the medication was filled on for 30 days and ran out on . Pharmacist confirmed that the medication was ordered on .

On at 03:37 p.m., the Administrator stated that she ordered Resident #8's medication on day of survey on , three days after the resident ran out.

On at 03:47 p.m., the Administrator stated that she was present and received a verbal order to start the , one time a day to be filled every 90 days for Resident #2. The Administrator confirmed that she did not get the orders in writing within 10 days following verbal notice. The Administrator confirmed that she noticed the MOR for Resident #2 indicated that medication was to be given once daily, while the medication label indicated two times a day for 14-days. The Administrator stated that she did not contact the pharmacy to correct label because she was there for the verbal order. The Administrator obtained the written order on , 33 days after the verbal order was mentioned.

Class III

0058 - Pharmacy & Dietary; Uncorrected Deficiencies - 429.42(1-2) FS; 58A-5.033(3)(a) FAC

Based on interview and record review, the facility has ongoing deficient practice related to medication practices (records, labeling and orders) and food service.

Findings included:

During a survey conducted on , the facility was cited with two Class III deficiency for Medication Records, and Medication Labeling and Orders. During a revisit, conducted on , the facility was cited for Medication Records, and Medication Labeling and Orders at an uncorrected Class III.

On , the Administrator inaccurately documented medication as given to resident while the facility was out of the medication, and failed to update the Medication Observation Record (MOR) for medication provided to one (Resident #9) resident of three residents selected for medication review.

During a survey conducted on , the facility was cited with two Class III deficiency for Food

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966202	R 03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARI-MAR MANOR 2	**493 8th AVENUE NORTH** **SAINT PETERSBURG, FL 33709**

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

Service Dietary Standards. During a revisit, conducted on , the facility was cited Food Service Dietary Standards at an uncorrected Class III

On , the facility failed to provide residents with scheduled meals according to established menu reviewed and approved by a dietician for five (#1, #2, #5, #8 and #9) six interviewed residents; and failed to document meal substitutions for cut sandwiches served for dinner from to ; and served left over fried chicken from lunch for dinner on .

Based on uncorrected class III deficiencies concerning Medication Records, and Medication Labeling and Orders, the facility shall be required to employ the consultation services of a licensed pharmacist or a registered nurse.

Based on uncorrected class III deficiencies concerning Food Service Dietary Standards, the facility shall be required to employ the consultation services of a licensed dietitian.

The consultant shall at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required.

This serves as a written notification of the requirement for the above described consultation services.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview, the facility failed to meet the minimum staff hours per week for staffing hours reviewed for completed work week from - , while facility census was seven residents.

Findings included:

During interview with Staff D on at 10:33 a.m., he confirmed that his official date of hire was on , and that he worked and lives at the Facility with a daily 3-hour relief by the Administrator for a total of a 21-hour working day. Staff D stated that he has not seen Staff C and Staff E who were listed on the schedule. Staff D stated that the Administrator works at the facility from 09:00a.m. to 02:00 p.m. daily.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966202	R 03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARI-MAR MANOR 2	**493 8th AVENUE NORTH** **SAINT PETERSBURG, FL 33709**

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

During interview with the Administrator, on [redacted] at 12:35 p.m., she confirmed that Staff D lives at the Facility. She stated that Staff C and Staff E were as needed employees who have not worked any of the hours indicated on the staffing schedule.

The Administrator confirmed and acknowledged that the only hours worked from the schedule were by Staff D and Administrator. The Administrator acknowledged that she is here daily from 9:00 a.m. until about 2:00 p.m. and stated that she is on call for the remainder of her scheduled 12 hours. The Administrator stated that she returns at night when needed, but did not keep track of those hours.

On [redacted] at 05:48 p.m., the Administrator confirmed that the Facility's staffing schedule was not accurate. Review of the facility schedule and [redacted] the direct care staffing hours from [redacted], with the Administrator, revealed that Staff D, who lived in the facility worked 105 hours, and the Administrator worked a total of 63 hours. Collectively the Administrator and Staff C actually worked for a total of 168 hours for the reviewed seven-day week. The required staffing level for seven residents is 212 hours.

Class III

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

Based on observation, interview, and record review the facility failed to provide residents with scheduled meals according to established menu reviewed and approved by a dietician; and failed to document meal substitutions for dinner, which included [redacted] cut sandwiches from [redacted] to [redacted], and left over fried chicken for dinner on [redacted].

Findings Included:

During interview with Resident #2, on [redacted] at 09:59 a.m., the resident expressed concerns with the facility serving bologna sandwiches for dinner every day. Resident #2 stated he did not feel it made a difference to express his concerns to the facility.

During interview with Staff D, on [redacted] at 10:33 a.m., he confirmed that residents have received [redacted] cut sandwiches and canned soup for dinner daily since he started working at the facility on [redacted].

During interview with Resident #9, on [redacted] at 10:45 a.m., Resident #9 stated that the facility

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966202	R 03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARI-MAR MANOR 2	**493 8th AVENUE NORTH** **SAINT PETERSBURG, FL 33709**

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

served sandwiches, hot dogs, and soup for dinner, a few times pizza. Resident #9 stated that she has requested the leftover lunch because she does not really eat sandwiches.

During interview with Resident #1, on [redacted] at 11:06 a.m., he stated that the facility serves bologna or hot dogs sandwiches for supper. Resident #1 stated that he has expressed his dismay to the facility but it was not effective.

During interview with Resident #8, on [redacted] at 11:20 a.m., he stated, "Lots of bologna; Bologna for dinner and low fat milk. Every day dinner is bologna. They don't adhere to the menu, it's only posted."

During interview with Resident #5, on [redacted] at 11:42 a.m., resident stated that dinner is usually soup and sandwiches. The resident could not remember the facility ever offering anything else for dinner. Resident #5 stated that the facility was informed of dismay, but it did not mean anything to the facility.

On [redacted] at approximately at 05:00 p.m. the facility served left over fried chicken from lunch to the residents.

Review of the current facility's meal menu (Week 1: Regular Diet) revealed that bologna sandwich was not included on the menu. The scheduled dinner for [redacted] was chicken salad sandwich, tossed salad, and peaches. Review of the facility's meal substitution log last documented substitution was pizza on [redacted], and fried chicken for lunch on [redacted]. Residents were not informed of the substitution for dinner prior to serving the lunch left overs, and the facility did not document the substitution in the facility's meal substitution log.

During interview with the Administrator, on [redacted] at 05:50 p.m., the Administrator confirmed that left overs from lunch were provided to the residents for dinner. Administrator stated that the residents get [redacted] cut sandwiches for dinner, and sometimes they get pizza and hot dogs. The Administrator confirmed that sandwiches were not listed on the meal menu for dinner daily and confirmed that sandwich substitutions were not documented on the meal substitution log.

Class III

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

Based on interview and record review, the facility failed to ensure that the facility maintained medication orders within resident records for one (#2) of three residents selected for medication review.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966202	R 03/07/2018
NAME OF PROVIDER OR SUPPLIER **MARI-MAR MANOR 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **493 8th AVENUE NORTH** **SAINT PETERSBURG, FL 33709**	

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

Findings Included:

During observation of assistance with medication self-administration/administration, on [redacted] at 09:25 a.m., the Administrator was observed providing medication ( ) scheduled for 08:00 a.m. for Resident #2.
Record for Resident #2 revealed no evidence of physician orders for the .

On at 11:24 a.m., the Administrator reviewed resident #2's records and confirmed that she did not have a written order for the ordered on .

Class III