| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11953669** | **03/14/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**MAYFLOWER ASSISTED LIVING FACILITY** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1620 MAYFLOWER COURT**<br>**WINTER PARK, FL 32792** | |

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

**0000 - Initial Comments**

The re-licensure survey was conducted on . . . . Mayflower Assisted Living Facility, License #8680 had deficiencies at the time of the visit.

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

Based on record reviews and interview, the facility failed to ensure an interdisciplinary care plan was maintained in the file for a resident (#1) who received Hospice services and failed to ensure a resident (#1) had a face-to-face medical examination by a health care provider after a significant change.

Findings:

Review of the record for resident #1 revealed he was admitted to the facility on and he was admitted to Hospice services on . . .

The record did not contain an interdisciplinary care plan between the facility and Hospice, as required.

In addition, the record did not contain a health assessment form 1823 to indicate a face-to-face medical examination was completed by a health care provider when the resident was admitted to Hospice, which was a significant change.

On . . . . at 3 pm, the administrator confirmed the findings.

Class III

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

Based on menu review and interview, the facility did not maintain dated menus as served for 6 months.

Findings;

Review of the menus provided by the facility revealed they did not include the dated menus as served for 6 months.

On . . . . at 11:45 AM, the food service manager said the facility did not maintain the dated menus as served for 6 months.

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

Class

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

Based on record reviews and interviews, the facility failed to maintain an accurate weight record for 1 of 2 sampled residents (#1) and failed to maintain a copy of a written informed consent regarding unlicensed staff assisting 2 of 2 sampled residents (#1 and #2) with self-administered medications.

Findings:

1. Review of the weight record for resident #1 revealed that on his weight was 166.8 pounds (lbs.) on his weight was 125.2 lbs. on his weight was 164.12 lbs. and on his weight was 166.12 lbs.

During an interview with staff E, a nurse, on at 1:47 pm she said the recorded weight of 125.2 lbs. on was not a true weight for the resident and that the weight was incorrectly transcribed.

2. Review of the record for residents #1 and #2 revealed no documented evidence of a written informed consent regarding unlicensed staff assisting the residents with self-administered medications, whether the unlicensed staff would or would not be overseen by a nurse, as required.

On at 2:15 pm, the administrator confirmed the findings.

Class

**0181 - Emergency Plan Approval - 58A-5.026(2) FAC**

Based on interview and facility records, the facility did not have evidence that the comprehensive emergency management plan (CEMP) was submitted for review and approved by the local emergency management agency yearly.

Findings:

Review of the CEMP approval letter provided by the facility revealed it was dated . The local emergency management agency required the plans to be submitted annually for approval.

On at 11 AM, the administrator said the new plan had been submitted however, the facility had

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| NAME OF PROVIDER OR SUPPLIER<br>**MAYFLOWER ASSISTED LIVING FACILITY** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1620 MAYFLOWER COURT**<br>**WINTER PARK, FL 32792** | |

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

not received the approval letter.

Class III