STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910479	R 04/04/2018
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

A revisit was conducted on . . . to the biennial suvey with limited mental health (LMH) at Maryland Manor Assisted Living Facility. Maryland Manor Assisted Living had deficiencies at the time of the visit.

License #7165

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

Based on interview and record review, the facility failed to ensure that one of one staff selected for record review (administrator) had documentation indicating they were free of communicable . . . . . .

Findings included:

A review of documentation for the administrator, hire date on . shows the Administrator had a document of a negative exam administrated on and read by a nurse on . . . . .

A review of the Administrator's personnel file revealed no documentation from a health care provider (ARNP; physician; physician assistant) attesting to this staff person's freedom from signs/symptoms from other communicable . . . . . .

Class III uncorrected

.