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	AL11966202	R 05/14/2018

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
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0000 - Initial Comments

Assisted Living Facility

A second Revisit to the 12/20/2017 and 03/07/2018 Complaint Surveys, (CCR# 2017014427 and CCR# 2017013097), in conjunction with a Revisit to the 03/07/2018 Biennial Survey conducted on 05/14/2018 at Mari-Mar Manor 2 Assisted Living Facility. Mari-Mar Manor 2 Assisted Living Facility had new deficiencies as well as uncorrected previously cited deficiencies for the and Complaint Survey.

(License # 10437)

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

Based on observation, record review, and interview, the facility failed to provide a diverse and ongoing activities program to meet the needs, abilities, and interests for residents who reside in the Facility.

Findings Included:

During a review of the posted Activity Calendar conducted on , revealed that a scheduled activity of hair and nail care at 08:00am - 10:00am had taken place.

During an interview with Resident #3 conducted on at 01:53pm, revealed that not many activities occur at the Facility. Resident #3 stated that, "I would like more activities ...arts and crafts would be nice."

During an interview with Resident #4 conducted on at 02:05pm, revealed that minimal activities occur in the Facility. Resident #4 stated that, they play bingo but "not often at all."

During observations of Resident's #1 and #8 conducted on at 02:25pm, revealed dirt under nails and hair appeared clean and brushed. Residents #1 and #8 stated that, "no one did their hair or nails this morning."

During an interview with the Administrator conducted on at 05:45pm, the Administrator acknowledged and confirmed that minimal activities occur within the Facility. The Administrator stated

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that the residents "do their own thing."

During an interview with Resident #2 conducted on at 04:15pm, Resident #2 stated that there are "no activities and I wish there was more to do."

During observations conducted on by 05:45pm, revealed no activities offered or provided to residents during survey.

During an Exit Conference with the Administrator conducted on at 05:55pm, the Administrator stated that the Staff would become more consistent with providing activities.
Class III

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

Based on observation, record review, and interviews, the Facility failed to honor resident rights to a clean, safe, hazard-free living environment related to observation of live bedbugs, damaged and , furnishings, and canine with expired , who is allowed in dining .

Findings Included:

During observations of the Facility conducted on at 1:00p.m., revealed:
1. Doors off hinges in occupied resident (See Photographic Evidence3 and 10)
2. Live bed bug infestation in most resident (See Photographic Evidence3)
3. No flooring or flooring coming up in occupied resident 2 and 7 (See Photographic Evidence3 and 10)
4. Holes in walls and doors in occupied resident (See Photographic Evidence10)
5. Broken electric outlet missing cable plate, and cable wire tacked down in occupied (See Photographic Evidence 11)
6. Porch boards coming up creating a /trip hazard (See Photographic Evidence8)

During resident interviews conducted on , revealed that Resident #8's canine which resides in the Facility goes into the dining meals. Resident #8's canine expired on .

Class III

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

Based on record review and interview, the facility failed to ensure that Medication Observation Records were up-dated each time medication offered to one (#8) of seven sampled Residents who needed assistance with self-administration of medication.

Findings Included:

An audit of Resident #8's Medication Observation Records conducted on , found medications were not signed as given on and . There was no documentation on the back of Resident #8's Medication Observation Records explaining the reason the medication was not given to Resident #8 on . No order was found in Resident #8's resident record to hold the following medications on :
a. 300mg on at 02:00pm and 08:00pm; and, at 08:00am;
b. 5mg on at 08:00pm and at 08:00am;
c. 5mg on at 08:00am.

During an interview with Staff A conducted on at 01:30pm, Staff A acknowledged and confirmed Resident #8's omitted documentation for , and . Staff A stated, "I forgot to sign for them (referring to the medications due on)" (See Photographic Evidence9).

During an interview with the Owner conducted on at 03:50pm, the Owner acknowledged and confirmed that Resident #8's , , , and medications were not documented as given. The Owner stated, "I forgot to sign the MOR (referring to the medication due on)."

Class III

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

Based on observation, record review, and interview, the facility failed to correct previously cited Class III medication and dietary deficiencies as required and must continue to employ the consultative services of a licensed Pharmacist or Registered Nurse and a licensed Dietician.

Findings Included:

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In review of the Class III deficiencies cited during a Complaint Survey (CCR#: 2017014427 and 2017013097) conducted on , revealed two Class III medication deficiencies (A0054 and A0056). The Facility was cited for deficient practice in Dietary Standards (A0093) during this survey.

Review of the Class III deficiencies cited during a Biennial Survey in conjunction with a Revisit to the 12/20/2018 Complaint Survey (CCR#: 2017014427 and 2017013097) conducted on 03/07/2018, found two Class III uncorrected and re-cited medication deficiencies (A0054 and A0056). Two new Class III deficiencies were cited with the Biennial Survey (A0052 and A0055) during these surveys. The Facility was cited for deficient practice in Dietary Standards (A0093) during these surveys.

A review of the Class III deficiencies cited during a Revisit to the 12/20/2017 Complaint Survey (CCR#: 2017014427 and 2017013097) and the 03/07/2018 Biennial Survey conducted on 05/14/2018, found two uncorrected Class III medication deficiencies (A0054 and A0056) re-cited during these surveys. The Facility was cited for deficient practice in Dietary Standards (A0093) during these surveys.

During an exit conference held with the Administrator on at 05:55pm, the Administrator acknowledged and confirmed the need to continue the employed consultative services of both a licensed Pharmacist or Registered Nurse and a licensed Dietician.

Class III

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

Based on record review and interview, the Facility failed to obtain evidence of a negative and Free from Communicable statement within thirty days of hire for one Staff (A) of one sampled staff.

Findings Included:

During a review of Staff A's employee record conducted on , Staff A's employee record contained evidence of a negative screening dated not signed by a health care professional (See Photographic Evidence4). Staff A's employee record did not contain a statement that Staff A is free from Communicable . Staff A was hired at the Facility on .

During an interview with the Administrator conducted on at 05:15pm, the Administrator was unable to produce evidence of a negative signed by a health care provider or a free from

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Communicable statement for Staff A. The Administrator stated that, "We will have to send him back to the clinic."

Class III

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

Based on observations, record reviews, and interviews, the facility failed to provide enough staff to meet resident and facility needs in order to provide adequate supervision and care.

Findings Included:

During a second revisit survey to and Complaint Survey (CCR#: 2017014427 and 2017013097) conducted on , the Facility failed to:
1. Follow the posted menu plan set forth by a licensed Dietician to meet the nutritional needs of the residents residing in the Facility
2. Have on hand a three-day supply of nonperishable food, for a census of eight residents, at all times.
3. Ensure resident pets have up-to-date and veterinarian checkups.
4. Honor resident rights to a clean, safe, hazard free living environment by:
a. Not replacing or repairing: doors, walls, floors, electrical outlets, and porch boards
b. Not giving due diligence in combating live bed bug infestation (no bed bug mattress or pillow covers, washing laundry once a month, and once a month pest control extermination)
c. Not safely storing food items that require refrigeration.
d. Allowing a resident's canine into the dining area during meals.
5. Ensure medication observation is up-dated immediately each time a medication offered.
6. Ensure that all staff had a documented negative and Free from Communicable statement and all required employee trainings within thirty days of employment.
7. Correct previously Class III medication and dietary deficiencies
Referrals made to the Department of Health on and the Fire Department on (See Photographic Evidences1 through 7).

Due to the lack of supervision and care not provided to residents, the Facility must immediately increase staff above the current and/or minimum levels.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

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Based on record review, observation, and interview, the facility failed to ensure that all direct care staff completed a one-time education course on , and Acquired within thirty days of employment for one Staff (A) of one sampled staff.

Findings Included:

During an observation of Staff A conducted on at 12:30pm, revealed that Staff A working as a full-time employee of the Facility on the day of survey.

During an interview with Staff A conducted on at 12:45pm, revealed that Staff A was working for the Facility as a live-in staff.

An employee record review for Staff A conducted on , found that Staff A was hired by the Facility on . There was no evidence of Staff A receiving the one-time education course on , and Acquired within employee record.

During an interview with the Administrator conducted on , revealed that Staff A was employed by the Facility on . The Administrator stated that Staff A had not yet completed the one-time education course on , and Acquired .

Class III

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

Based on record review, observation, and interview, the facility failed to ensure that all direct care staff completed at least one hour of training in the Facility's policy and procedures regarding within thirty days of employment for one Staff (A) of one sampled staff.

Findings Included:

During an observation of Staff A conducted on at 12:30pm, revealed that Staff A working as a full-time employee of the Facility on the day of survey.

During an interview with Staff A conducted on at 12:45pm, revealed that Staff A was working for the Facility as a live-in staff.

During an employee record review for Staff A conducted on , revealed that Staff A was hired

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by the Facility on . There was no evidence of Staff A receiving at least one hour of training in the Facility's policy and procedures regarding within employee record.

During an interview with the Administrator conducted on , revealed that Staff A employed by the Facility on . The Administrator stated that Staff A had not yet completed the training regarding the Facility's policy and procedures for .

Class III

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

Based on observation, interview, and record review, the facility failed to ensure menu plans were followed, substitution logs were mained, the emergency food supply was adequate, and foods were protected from spoilage.

Findings included:

During interviews with Residents #1, #2, and #7 conducted on at 12:30pm, all three residents stated that lunch today consisted of hotdogs and hamburgers. No side dishes served. No vegetables offered. Resident #1 stated that the Facility does not offer a variety of food. Resident #7 stated we usually have hotdogs or hamburgers and Resident #1 stated, "We have hotdogs a lot." Resident #2 shaking head yes in agreement.

During an interview with Staff A conducted on at 12:45pm, revealed that Staff A substituted both the breakfast and lunch meal today. Staff A stated that the Owner "told me to use leftovers for lunch" due to the "need to go shopping."

During a review of the Facility's posted menu conducted on , revealed that the Facility does not follow the posted menu. Menu for week two of the menu cycle indicated that lunch on the day of survey should have consisted of Barbeque Chicken, Mashed Potatoes, Succotash, Tropical Fruit Salad, and Wheat Bread (See Photographic Evidence1).

A review of the Facility's Substitution Log conducted on , revealed no entry made for substitutions for the breakfast or lunch meal. The last entry on the Substitution Lob made on .

During an interview with the Owner conducted on at 01:30pm, the Owner acknowledged and

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confirmed that substitutions for breakfast and lunch meals were not noted on the Substitution Log. The Owner stated, "I wasn't here and I don't know."

During an observation of a kitchen cupboard conducted on at 03:00pm, found that the kitchen cupboard contained one large sealed, -temperature tub of margarine. The margarine label read, "keep refrigerated" (See Photographic Evidence5).

During a review of the Facility's three-day emergency food supply conducted on , revealed the Facility had an inadequate supply of nonperishable food for a census of eight residents (See Photographic Evidence6).

During an interview with an Anonymous Resident conducted on at 03:20pm, the Anonymous Resident stated that, "I had two hot dogs for lunch on buns and no sides."

During an interview with the Administrator conducted on at 03:55pm, the Administrator was unable to explain why margarine, which needs to be refrigerated, was stored in a non-refrigerated cupboard. The Administrator acknowledged and confirmed that the three-day emergency food supply of nonperishable foods was inadequate. The Administrator stated that "it needs to be replenished." During an interview with Resident #2 conducted on at 04:15pm, revealed the Facility did not serve a meal if residents come late to a meal and did not offer side dishes. Resident #2 stated that the Owner "will give your food away if you are late for a meal and today, I had one hamburger."

During an Exit Conference with the Administrator conducted on at 05:55pm, the Administrator stated that, "We will get the emergency food supply replenished and follow the menu."

Class III

0163 - Records - Resident, Penalties for Alteration - 429.49 FS

Based on record review, observation, and interview, the facility altered resident Medication Observation Records for one Resident (#8) of one sampled residents.

Findings Included:

During a Medication Observation Record review for Resident #8 conducted on , revealed medications were not signed as given for on at 02:00pm and 08:00pm and at 08:00am; on at 08:00pm and at 08:00am; and,

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not on at 08:00am. No documentation was noted on the back of Resident #8's Medication Observation Record explaining the reasons medications not given. (See Photographic Evidence9).

An observation of the Owner conducted on at 03:00pm, revealed that the Owner initialed the omitted documentation on Resident #8's Medication Observation Record for , and (See Photographic Evidence10).

During an interview with the Owner conducted on at 03:50pm, the Owner acknowledged and confirmed that the Owner signed the omitted medications on Resident #8's Medication Observation Record for , and , signed on the day of survey in front of Surveyor. Staff A passed medications the morning of the survey at 08:00am. The staff member who passed medications on , was unable to be determined.

Class III