STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968295	**07/11/2018**
NAME OF PROVIDER OR SUPPLIER **MARINER PALMS**	STREET ADDRESS, CITY, STATE, ZIP CODE **5303 MARINER BLVD** **SPRING HILL, FL 34609**	

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

0000 - Initial Comments

On , 2018, an unannounced biennial relicensure survey in conjunction with LNS monitoring survey was conducted at Mariner Palms Assisted Living Facility (License #12244). Deficient practice was identified during the survey.

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

Based on observation, interview and record review, the facility failed to meet the minimum criteria for continued residency of the resident being able to transfer for 2 of 5 residents (Resident #1 and #5).

Findings:

On at 10:45 AM, Staff A/Resident Aid was observed to lift Resident #1 from the bed to the wheelchair. The resident's legs were slightly bent and crossed and the resident did not place her feet on the floor at any time during transfer.

On at 1:36 PM, a second observation was made of Resident #1 being transferred from wheelchair to her bed by Staff A/Resident Aid. Resident #1's legs remained bent in the same position and her feet did not touch the floor during transfer. Staff A/Resident aid was observed to lift resident off the wheelchair and onto the bed.

On at 1:36 PM, an interview was conducted with Staff A/Resident Aide. She stated: "Resident #1 cannot bear any weight on her own, we have to lift her. Her legs have , so she cannot bear weight."

On at 2:00 PM, an interview was conducted with resident #1's daughter, who stated: "My mother cannot bear any weight at all. Her legs have . My mother has not been able to move her legs or bear weight for about four years now. The staff have to lift her from the wheelchair to bed and back."

On , a record review of facility' Admission Criteria Policy was conducted, which shows criterion #5 as "Able to transfer with assistance".

On , record review of Resident #1's AHCA Health Assessment Form (1823) dated indicates: "Unable to ambulate, assist x 1 for transfers under physical or sensory limitations."

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On at 1:47 PM, Staff B and C were observed lifting Resident #5 from her wheelchair and onto the bed.

On at 1:47 PM, an interview was conducted with Staff B/Resident Aide, who stated: "Resident #5 cannot bear weight or aid in her transfer. In order to transfer Resident' #5, it requires a 2 person lift."

On , record review of Resident #5's AHCA Health Assessment Form (1823) dated documents that the resident requires total transfer by staff.

Class III

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

Based on record review and interview, the facility failed to maintain an accurate daily medication observation record (MOR) for 5 of 5 residents (Resident #1, #2, #3, #4, and #5).

Findings:

On , record review of the Medication Observation Records for Resident #1, #2, #3, #4, and #5 for , 2018 revealed that the Administrator's initials were documented for doses given on , 8, 9, and 10, 2018. The record includes a Caregiver Key that shows the initials programmed in the system are the Administrator's.

On at 3:45 PM, an interview was conducted with Staff D, who stated that she gave the afternoon meds but she could only sign into the electronic MOR using the Administrator's login and password. She stated she was not given a personal login and demonstrated how she signed into the MOR. She confirmed giving the medications on , 8, 9, and 10.

On at 5:20 PM, Staff A/Acting Administrator reviewed the printed MORs and confirmed that the doses given on , 8, 9, and 10 were documented with the Administrator's initials. She stated that the Administrator was on vacation and did not work at the facility on , 8, 9, and 10.

Class III

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

Based on observation, record review and interview, the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern.

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Findings:

On , Staff C and D were observed working at the facility, caring for residents and providing personal services.

On , record review indicated that the written work schedule for , 2018 did not include the names of Staff C and D. Further review revealed that the work schedule did not include the name of Staff C for the entire month of . The only day Staff D is on the schedule is , 2018.

On at 4:05 PM, an interview was conducted with Staff C, who stated: "I am a live-in staff and have worked every day since 5 (first day of hire)."

On at 3:45 PM, an interview was conducted with Staff D, who stated: "I have worked every day this week, (9-11) from 6:00 AM-8:00 AM and from 2:30 PM-6:00 PM.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC

Based on record review and interview, the facility failed to ensure 1 of 2 unlicensed staff members (Staff A) who provide assistance with self-administered medications have completed annual 2-hours of continuing education on medication management.

Findings:

On , a record review of Staff A's personnel record indicated that she completed 4-hour initial training on assistance with self-administered medication on . No annual 2-hour update training was found.

On at 3:05 PM, an interview was conducted with Staff A/Acting Administrator. Staff A was asked if she had proof of updated medication training. She produced a copy of a medication management training form dated , 2018 with her name on it that she said had not been added to her personnel record. The copy had an outline of a label with Staff A's name on it (photographic evidence obtained).

On at 3:05 PM, the survey team agreed that the training certificate did not look to be authentic

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and a phone call was made to the pharmacy listed on the training certificate. At 3:10 PM, an interview was conducted with a pharmacist from the pharmacy listed on the medication management training certificate dated , 2018, for Staff A. The pharmacist stated he did not see Staff A's name on the log-in list of people who took the medication management training on that day or any day listed on the 2018 log-in sheet. He confirmed if she took the training, her name should be on the log-in sheet.

On , a record review of the the training log-in sheet dated , 2018, received from the pharmacy, revealed that Staff A's name was not listed. (photographic evidence obtained).

On at 3:30 PM, an interview was conducted with Staff A/Acting Administrator, who stated: "I don't know why my name is not on the log in sheet. I was there."

Class III

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

Based on record review and interview, the facility failed to ensure the records were not fraudulently altered, defaced or falsified.

Findings:

On at 4:05 PM, during an interview, Staff C stated that the only training she received at Mariner Palms was on and the Administrator provided training in food service and resident activities.

On , a review of Staff C's personnel file revealed 16 certificates of training presented by the Administrator, (photographic evidence obtained). The certificates documented that on , Staff C participated in 1 hour of training in each of the following areas: HIPPA, Nutrition and Food Handling, Facility Sanitation Procedure, Chain of Command and Staff Roles, Relating to Emergency Evaluation, Bloodborne , Safe Food Handling, , and Providing Assistance with ADL's. In addition, certificates of training dated showed Staff C participated in 1 hour of training in each of the following areas: Control, Universal Precautions, Reporting Major Incidents, Resident Rights, Resident , -Recognizing and Reporting, and Elopement.

On at 4:30 PM, Staff A/Acting Administrator stated she was not aware of the training provided to Staff C by the Administrator, and had no knowledge the certificates of training were in her personnel file.

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On , a review of Staff D's personnel file revealed a screening record and freedom from communicable statement dated (photographic evidence obtained). The screening record shows the test given, date, manufacturer, expiration date, lot number, dose, date read and results. The name of an ARNP is printed on the form under the heading "Physician". A preprinted free from communicable statement and negative test result was also in the file. The staff member's name, ARNP's name, and date are printed in original blue ink. The signature of the ARNP is not original. Further review revealed a photocopy of the same form with the ARNP's non-original signature was found in Staff D's personnel file, without a staff name or date filled in.

On at 3:45 PM, Staff D stated she was not examined by the ARNP for communicable or given a skin test in at the facility.

On at 9:29 PM, the ARNP was interviewed via telephone and stated she did not examine Staff D or administer a test. She had no knowledge the facility was using her signature on a freedom from communicable statement and test result form.

On at 3:05 PM, an interview was conducted with Staff A/Acting Administrator. Staff A was informed her personnel record did not have documentation for medication management training. Staff A presented a certificate of training indicating she had completed 4 hours of medication management training on presented by a local pharmacist. Upon careful examination of the certificate, the survey team determined it appeared a printed label with Staff A's name had been attached (photographic evidence obtained).

On at 3:10 PM, the pharmacist was contacted via telephone. He stated Staff A's name was not on the list of attendees for the medication management training. The pharmacist emailed a copy of the list to the survey team, confirming Staff A's name was not on the list (photographic evidence obtained).

On at 3:30 PM, Staff A was interviewed and stated, "I don't know why my name is not on that log sheet. I was there".

Class III