STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910479	**10/18/2018**
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)

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to maintain the employment status of staff members within the employee roster listed in the AHCA background screening clearinghouse (Employee Roster), within 10 business days of initial employment, for three (Staff A, Staff B, and Staff C) of three employee records sampled.

Findings included:

A review of employee records conducted on /18 showed that Staff A had a date of hire of , and Staff B and Staff C had as the date of hire. A review of the Employee Roster showed that Staff A, Staff B, and Staff C were not entered.

The Owner was interviewed at 2:58 PM on concerning Staff A, Staff B, and Staff C not being entered in to the Employee Roster. The Owner stated that they missed it.

Unclassified

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SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR 2018012792 and 2018015039) was conducted on at Maryland Manor in conjunction with a revisit to an monitoring visit. Maryland Manor had deficiencies at the time of the investigation.

(License #7165)

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on interview and attempted record review, the facility failed to maintain a written record and daily awareness of a resident's whereabouts for one (Resident #3) of three resident records sampled.

Findings included:

An interview was conducted with Staff A at 10:48 AM on and they stated that Resident #3 had eloped from the facility for a couple of days. An interview was also conducted with Staff B at 11:11 AM on and they also stated that Resident #3 had eloped from the facility.

The Owner was interviewed at 1:45 PM on concerning Resident #3's elopement and documentation was requested. The Owner stated that there was no documentation concerning Resident #3's elopement. The facility failed to produce any written documentation of Resident #3's elopement during the survey.

Class III

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

Based on record review and interview, the facility failed to maintain minimum staffing hours required for its census of 16 residents.

Findings included:

A review of the facility's direct care staffing schedule for the week of showed that 168 hours were scheduled. The census for the week showed 16 residents, requiring a minimum of 253 hours.

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

The Owner was interviewed at 2:55 PM on [redacted] and the lack of required staffing hours was discussed.

Class III