STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910479	R 12/07/2018
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 second revisit to an . . . . monitoring visit for facility temperature and physical plant conditions was conducted at Maryland Manor on , in conjunction with a revisit to complaint (CCR 2018015039 and 2018012792). Maryland Manor had a deficiency at the time of the visit.

(License #7165)

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to maintain a safe living environment, free of safety hazards.

Findings included

A tour of the facility was conducted on beginning at 9:35 AM. was observed and observation revealed that the side of the mattress (located furthest from the door) was badly torn, there was tile missing in the corner floor located near the door, there was a hole in the wall in this area with piping exposed, and the dresser was missing drawers (photographic evidence obtained).

. . was observed and there was no safety plate on the electric outlet and there was no threshold on the floor leading into the room, presenting a potential tripping hazard (photographic evidence obtained).

The bathroom located just outside the dining area was observed and the light fixture in the shower was not working (photographic evidence obtained).

The Administrator was interviewed beginning at 10:03 AM on and acknowledged the issues in , , and the bathroom outside of the dining area.

Class III