STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10G107	A. BUILDING _____ B. WING _____	C 04/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNLAND MARIANNA FACILITY V	3641 CONNALLY DRIVE MARIANNA, FL 32446

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS An unannounced complaint survey (CCR#2019002810 and CCR#2019002759) was conducted on at Sunland Center Marianna Facility V, an Intermediate Care Facility. The facility was found not to be in compliance with 42 CFR 483, Subpart I, Requirements for Intermediate Care Facilities.	W 000		
W 186	DIRECT CARE STAFF CFR(s): 483.430(d)( ) The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Direct care staff are defined as the present on-duty staff over all shifts in a 24-hour period for each defined residential living unit. This STANDARD is not met as evidenced by: Based on interview with staff interview and record review of the facility's staffing grid, the facility failed to provide sufficient direct care staff to manage and supervise clients in accordance with their individualized program plans which resulted in delayed care times for toileting, turning, assistance with activities of daily living, and unnecessary absences from offsite programs which affects all residents in the Connally building on Unit 3. The findings were: Record review of Unit 3's staffing grid on noted a total of 8 vacancies in Connally building. An interview with staff A, Program Operations	W 186		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	10G107	A. BUILDING _____ B. WING _____	C 04/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNLAND MARIANNA FACILITY V	3641 CONNALLY DRIVE MARIANNA, FL 32446

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W 186	Continued From page 1 Administrator (POA) on . . . . . at 10:05am was conducted. Staff A stated that staffing "has been tight" and that retention of employees had been a challenge for the unit. An interview was conducted with staff E, Registered Nurse (RN), on . . . . . at 11:05am. Concerns about staffing was expressed as well as concern for the amount of double shifts staff have been working to accommodate for the shortages. Staff E expressed that there have been incidents of residents not being turned every 2 hours as they should and not getting care as often as necessary due to the shortage of staff. An interview was conducted with staff F, a RN, on at 11:20am. Staff F stated that "we need more staff" and that there was especially a concern about the amount of direct care staff. Staff F also stated, "it could be happening where people have to wait longer to be changed, or to be turned, or to receive care." On . . . . . at 11:30am during an interview with staff G, the RN Supervisor, it was stated that "there are times when direct care staff have challenges because of staff being spread out." It was also expressed that staff in administrative and supervisory positions have had to fill the roles of direct care staff because of short staffing. On . . . . . at 11:53am, an interview was conducted with staff H, Human Services Worker II, (HSWII). Staff H revealed residents have had to miss leisure trips because there was not enough staff on the unit. Staff H revealed that because staffing was short, residents had to wait longer than usual to receive their normal care. In	W 186		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10G107	A. BUILDING _____ B. WING _____	C 04/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNLAND MARIANNA FACILITY V	3641 CONNALLY DRIVE MARIANNA, FL 32446

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W 186	Continued From page 2	W 186		

addition, staff H stated there was a concern with the amount of call outs on the unit and how it was affecting all members of the staff. Staff H stated that many people were working several double shifts throughout the week to accommodate. Staff H also stated, "The workers are trying their best, there just isn't enough people."

On . . . . . at 12:27pm, an interview with staff I, RN, was conducted. Staff I stated, "They (residents) don't get cared for like they should with turning, activities, changing and they don't make it to offsite activities because of the short staff." Staff I expressed that there have been issues on the unit with residents not being up and out of bed and not being bathed as often as they should as a direct result of there not being enough direct care staff. Staff I explained that everybody was doing their best, but that there was just not enough staff.

On at 12:54pm, an interview with staff J, Resident Services Supervisor (RSS), was conducted. Staff J stated, "Staffing has been an issue, staff get tired and they are overworked and we know we are short so it wears them out."

On at 02:09pm, an interview with staff D, an Licensed Practical Nurse, was conducted. Staff D stated the Resident Services Supervisor and the Resident Service Director had been observed filling the role of direct care staff because of the shortage of staff.

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IC25930143	A. BUILDING: _____ B. WING _____	04/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNLAND MARIANNA FACILITY V	3641 CONNALLY DRIVE MARIANNA, FL 32446

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I 000	Initial Comments An unannounced complaint survey (CCR#2019002810 and CCR#2019002759) was conducted on at Sunland Center Marianna Facility V, an Intermediate Care Facility. At the time of the survey, there was no deficiant practice.	I 000		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE