

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 74828	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2022
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NAME OF PROVIDER OR SUPPLIER MAYFLOWER HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1620 MAYFLOWER COURT WINTER PARK, FL 32792
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(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) COMPLETE DATE
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N 000	<p>INITIAL COMMENTS</p> <p>Relicensure survey was conducted from _____ to _____ Mayflower Healthcare Center had state deficiencies at the time of the visit.</p>	N 000		
N 054 SS=E	<p>59A-4.107(5), FAC Follow Physician Orders</p> <p>All physician orders must be followed as prescribed, and if not followed, the reason must be recorded on the resident's medical record during that shift.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow the physician's order for _____ management for 1 of 5 residents reviewed for medication administration in a total sample of 27 residents, (#13).</p> <p>Findings:</p> <p>Review of the medical record revealed resident #13 was originally admitted to the facility on _____ and readmitted on _____. His diagnoses included _____ of the _____, _____, and _____.</p> <p>Review of resident #13's quarterly Minimum Data Set assessment with Assessment Reference Date of _____ revealed a _____ score of 10 out of 15, which indicated he had moderate _____. The assessment noted no rejection of evaluation or care necessary to obtain goals for health and well-being.</p> <p>On _____ at approximately 9:50 AM, Registered Nurse (RN) C was observed administering morning medications to resident #13. After the resident took his oral medications, RN C applied</p>	N 054	<p>This Plan of Correction is prepared and executed solely because it is required by the provisions of the federal and state law. Preparation and execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies</p> <p>1. Nurse for resident #13 was immediately re-educated on order for _____ patch to be placed on _____ on _____ MD was notified with no new orders. Responsible party notified of medication error. No adverse effects were noted by the medication error.</p> <p>2. On _____, all active _____ medication patches were audited to ensure MD order was followed to identify any other residents having potential to be affected by this deficient practice. A list of residents identified to have patches was generated. This list will be updated onwards with new residents that have _____ patches to monitor compliance moving forward.</p>	

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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Electronically Signed

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N 054	<p>Continued From page 1</p> <p>..... patch to his right</p> <p>Review of the physician's orders revealed resident #13 had an active order, dated for Patch 4%. The order read, "Apply to for (on for 12 hours, off for 12 hours). Cut patch in half for each"</p> <p>A care plan for was initiated on and included interventions such as "Administer medication as per orders."</p> <p>On at 9:51 AM, after RN C finished administering the medications to resident #13, she stated the patch was for the resident's right and it was scheduled every morning.</p> <p>On at 1:26 PM, RN C recalled she applied the patch to the right RN C read the instructions on the box out loud. She then stated she thought the order was for one and mentioned the order may have changed recently. RN C stated each time she was assigned to resident #13's care, she had applied the patch to his right RN C acknowledged the order referred to both RN C indicated she had not followed the physician's order which read, "cut patch in half for each"</p> <p>Review of the Medication Administration Record (MAR) from to revealed RN C applied the patch to resident #13 on the following days for a total of 19 times: and</p> <p>On at 1:34 PM, the Assistant Director of Nursing (ADON) reviewed the order for</p>	N 054	<p>3. Educate all Licensed nurses on State tag N054 as it related to following physician orders. All nursing staff were educated on Patch Policy and documentation requirements.</p> <p>..... patch orders with more than one site are now split into separate orders. One order per site.</p> <p>4. Audits on patches to be completed by Nursing supervisor or designee 5 times week for 1 month, bi-weekly for 1 month, and weekly for 1 month. Audit results will be reviewed by DON or designee for substantial compliance with results reported to QAPI. QA committee to review the need for continued audit process at the end of 3 months.</p>	
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N 054	<p>Continued From page 2</p> <p>resident #13 and confirmed the order, dated _____, was to cut patch in half and apply it to each _____. The ADON reviewed the MAR and stated RN C documented she applied the patch to the right _____. He reviewed the nursing progress notes and MAR and did not find refusals of the _____ patch documented by RN C. The ADON indicated the nurse should have followed the physician's orders.</p> <p>On _____ at 5:06 PM, the Pharmacist Consultant explained the _____ patch did not come precut from the pharmacy. He stated the nurse had to cut it in half prior to administration. The Pharmacist Consultant detailed the instructions for this medication and noted it may be cut to size and to use the smallest, effective amount.</p> <p>Review of the facility "Administering Medications" policy, not dated, read, "Medications shall be administered _____ as prescribed." The policy interpretation included the "Medications must be administered in accordance with the orders."</p> <p>Pattern Class III</p>	N 054		
CZ814 SS=D	<p>435.12(2)(b-d), FS Background Screening Clearinghouse</p> <p>435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the _____ are enrolled in the national retained print _____ notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must</p>	CZ814		

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CZ814	<p>Continued From page 3</p> <p>submit to a national screening if the person returns to a position that requires screening by a specified agency.</p> <p>(c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days.</p> <p>(d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, ; and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number.</p> <p>This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain the employment status for 2 of 10 staff reviewed for Background Screening, (Staff A, Staff B).</p> <p>Findings:</p> <p>Review of the personnel record for Certified Nursing Assistant A (Staff A) revealed she was hired on Review of the facility's Agency for Health Care Administration (AHCA) Employee Roster revealed CNA A was not listed as an employee at the facility. Staff A's "Timecard Report" indicated she had worked three days since her hire date with two of those days occurring after the date she should have been added to the roster.</p>	CZ814	<p>This Plan of Correction is prepared and executed solely because it is required by the provisions of the federal and state law. Preparation and execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies</p> <p>1. The two staff identified as not being on the facility's AHCA employee roster were added by the Director of HR on</p> <p>2. An audit of the AHCA clearing house roster was conducted on by the Director of HR. Any staff identified not to be on the facility AHCA roster was</p>	
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CZ814	<p>Continued From page 4</p> <p>Review of the personnel record for Housekeeper B (Staff B) revealed she was hired on</p> <p>Review of the facility's AHCA Employee Roster revealed Housekeeper B was not listed as an employee at the facility. Staff B's "Timecard Report" indicated she had worked 31 days since her hire date with 28 of those dates occurring after the date she should have been added to the roster.</p> <p>On at 12:32 PM, the Director of Human Resources verified neither employee was listed on the facility's AHCA Employee Roster. He acknowledged that if a staff member was not listed on the roster, the facility would not be notified if the staff member became ineligible to work.</p> <p>Class III</p>	CZ814	<p>corrected. Facility AHCA Roster is 100% compliant on</p> <p>3. HR Department was re-educated by Health Services Director on regarding the requirements of 435.12 Care Provider Background Screening Clearinghouse. Health Services Director or designee will audit new hires to ensure they are on the AHCA Clearing house roster for 90 days.</p> <p>4. The results of the audits will be presented to the QAPI committee for further review and recommendations monthly for three months and as deemed necessary, thereafter.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105720	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/03/2022
NAME OF PROVIDER OR SUPPLIER MAYFLOWER HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1620 MAYFLOWER COURT WINTER PARK, FL 32792		
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F 000	INITIAL COMMENTS Recertification survey was conducted from to . Mayflower Healthcare Center was in compliance with 42 CFR Part 483 and 488, requirements for Long Term Care Facilities.	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

/2022

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.