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
	AL11910710	A. BUILDING: _____ B. WING _____	11/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRIMENT ASSISTED LIVING RESIDENCE	1835 WILSON STREET HOLLYWOOD, FL 33020

(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
A 000	Initial Comments An unannounced Relicensure with Limited Mental Health (LMH), Complaint (#2020006826, #2020010329 and #2020018182), and Generator Monitoring survey was conducted on . . .. through . . at Merriment Assisted Living Residence. The facility had deficiencies identified related to the Relicensure at the time of the survey.	A 000		
A 083	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND . . . . . (.). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current . certification that requires the student to demonstrate, in person, that he or she is able to perform . and which is issued by an instructor or training provider that is approved to provide . training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure that 3 of 4 sampled	A 083		

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A 083	Continued From page 1 employees reviewed (Staff A, Staff B and Staff C) held a current/valid certification in First Aid. The findings included: Review of the personnel record for Staff A Medication Technician, who also provides direct resident care, revealed a date of hire of . . . . . Further review of the personnel record revealed the First Aid Certificate had an expiry date of . . . . . . Review of the personnel record for Staff B Medication Technician, who also provides direct resident care, revealed a date of hire of . Further review of the personnel record revealed no First Aid Certificate for review. Review of the personnel record for Staff C Resident Care Assistant revealed a date of hire of . . . . . Further review of the personnel record revealed no First Aid Certificate for review. During an interview conducted with the Administrator on . . . . . at 1:08 PM, she was informed of the missing required First Aid certifications for Staff A, Staff B and Staff C and was provided an opportunity to locate the missing certifications. On . . . . . at approximately 2:29 PM, during the exit interview conducted with the Administrator, she acknowledged the findings. Class III	A 083		
CZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning;	CZ830		

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CZ830	Continued From page 2 emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of	CZ830		

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CZ830	Continued From page 3 emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to	CZ830		

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CZ830	Continued From page 4 the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to timely secure approval of their Comprehensive Emergency Management Plan (CEMP) from the local county Emergency Management Division. The findings included: On . . . . . a request was made to the facility Maintenance Director for the facility's current CEMP approval letter from the local county Emergency Management Division. The Maintenance Director provided their CEMP binder containing their Emergency Plan dated . Further review of the binder revealed a submission Checklist dated . . . . . , but did not contain a CEMP approval letter from the local county Emergency Management Division. In an interview conducted with the Administrator on at 10:27 AM, she stated she is waiting on a new agreement letter from the company who provides their emergency transportation with her name on it as the current Administrator. Review of the transportation agreement letter in the binder dated . . . . . , had the previous Administrator's name listed. No additional documentation or information was provided. On at approximately 2:39 PM during the exit interview, the Administrator acknowledged they do not have a current CEMP approval letter.	CZ830		

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CZ830	Continued From page 5 Unclassified	CZ830		