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
	AL11969003	A. BUILDING: _____ B. WING _____	03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRILL GARDENS AT SOLVITA MARKETPLACE	4600 MARIGOLD AVE KISSIMMEE, FL 34758

(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 Complaint Investigations #2022001261 and #2022001425 were conducted on [redacted] and [redacted]. Merrill Gardens at Solivita Marketplace had deficiencies at the time of the visit.	A 000		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted]. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making [redacted] for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule	A 025		

AHCA Form 3020-0001

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

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
	AL11969003	A. BUILDING: _____ B. WING _____	03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRILL GARDENS AT SOLVITA MARKETPLACE	4600 MARIGOLD AVE KISSIMMEE, FL 34758

(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 025	Continued From page 1 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to provide care and services appropriate to meet the needs of residents by failing to provide adequate supervision for 1 of 4 sampled residents who eloped from the facility (#2). Findings: Resident #2's record revealed a facility admission date of . An 1823 health assessment form, dated , indicated the resident's diagnoses included and . She was forgetful and independent with activities of daily living (ADLs.) The 1823 form indicated	A 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969003	A. BUILDING: _____ B. WING _____	03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRILL GARDENS AT SOLVITA MARKETPLACE	4600 MARIGOLD AVE KISSIMMEE, FL 34758

(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 025	Continued From page 2 the resident was not an elopement risk. An undated negotiated service agreement indicated the resident was determined to be at risk for elopement. Two service plans, dated and , both indicated the resident had current or history of within the facility and may outside but did not jeopardize her health or safety. On at 10 p.m., the resident was admitted to the memory care secured unit. She was alert with periods of and exhibited exit-seeking behavior. On during the 3 p.m. to 11 p.m. shift, the resident tried to exit the facility via her bedroom window and in doing so, broke the window screen. She had packed all of her belongings. On during the 6:30 a.m. to 3 p.m. shift, the resident was packing her belongings and exhibited increased agitation. On at 6 p.m., the resident was packing her belongings and was very agitated. On during the 6:30 a.m. to 3 p.m. shift, the resident had increased agitation, demanded to leave and was exit-seeking. On during the 3 p.m. to 11 p.m. shift, the resident was packing her belongings and tried to open the door that led out of the unit. She was and agitated and said she was moving. On during the 2:30 p.m. to 11 p.m. shift, the resident exhibited increased agitation towards staff. She was seen opening her bedroom window in an attempt to exit the facility. The staff	A 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969003	A. BUILDING: _____ B. WING _____	03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRILL GARDENS AT SOLVITA MARKETPLACE	4600 MARIGOLD AVE KISSIMMEE, FL 34758

(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 025	Continued From page 3 redirected her. On . . . . . at 10 p.m., the resident exited through the door that led to the main lobby. She was aggressive towards both residents and staff. She was redirected into memory care unit. On at 2:49 p.m., the resident exhibited aggressive and exit-seeking behaviors. She had to be redirected by staff on three occasions. A , note, dated , indicated the resident "tried to escape the facility and kicked the window." On during a medication pass on the 3 p.m. to 11 p.m. shift, the resident could not be located. A search was conducted. She was found by law enforcement and returned to the facility. A facility incident report indicated that on . . . . . at 5:46 p.m., the resident left the facility via her bedroom window and was found at approximately 6:06 p.m. The corrective action was that the resident was moved from her room, where the window faced an unsecured area outside of the facility, to a room where the window faced a secured courtyard. On at 9:39 p.m., the resident was seen trying to jump out of her bedroom window. She had one out of the window and the other inside the facility. Staff assisted her . . . inside then "left her in the room." During a second attempt, she jumped out of the window, then knocked on the . door to be let in. On at 1:25 p.m., resident #2 walked independently around the memory care unit. She carried a pile of folded clothes. She talked	A 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969003	A. BUILDING: _____ B. WING _____	03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRILL GARDENS AT SOLVITA MARKETPLACE	4600 MARIGOLD AVE KISSIMMEE, FL 34758

(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 025	Continued From page 4	A 025		

incessantly and frequently changed topics. She did not have identification (ID) on her person. She approached the main door and pushed buttons on the coded keypad. Caregiver A approached her and redirected her away from the door, at which time, the resident became visibly agitated then walked away. Stacks of folded clothes were seen on the resident's dresser and bed. The bedroom window faced the secured outside courtyard. The window could be lifted approximately three inches then was stopped by clips.

On at 1:44 p.m., caregiver B said resident #2 often exhibited exit-seeking behavior. The caregiver said she checked on the resident every hour and got the resident involved with activities. The caregiver said no kind of ID was placed on those residents who were identified as being at risk for elopement. The caregiver could not remember if she ever participated in a resident elopement drill, and said she had training on the facility resident elopement policy and procedures (P&P).

On at 10:33 a.m., resident #2 was seen sitting at a dining room table. She did not have ID on her person. The director of nursing (DON) was present and said there was no process in place for ensuring residents had ID.

On at 12:07 p.m., caregiver F said to distract resident #2 from and exit-seeking, she spoke with the resident to calm her down. The caregiver said that at times, the resident said she had a car and did not belong there so, the caregiver would say the car was being repaired. The caregiver did not think she participated in any resident elopement drills during the previous year and could not remember

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969003	A. BUILDING: _____ B. WING _____	03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRILL GARDENS AT SOLVITA MARKETPLACE	4600 MARIGOLD AVE KISSIMMEE, FL 34758

(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 025	Continued From page 5 if she received training on the elopement P&P. On ..... at 12:56 p.m., caregiver D said resident #2 consistently tried to get out. The caregiver said that on ....., the main door was not working properly, and it was the way the resident eloped. The caregiver could not remember the last time she saw the resident prior to her elopement. The caregiver said that at approximately 5:15 p.m. on that day, she was unable to locate the resident. She said every day, the resident pushed on both the door and keypad, so to deter that behavior, she gave the resident coffee and sat and talked with her. She said the resident often said she was going to see her dad or the animals at home. The caregiver could not remember if she participated in resident elopement drills. On at 1:07 p.m., caregiver E said that on ..... she was working in the memory care unit opposite the one where resident #2 lived. She was not involved in the search because she had to remain with the other residents. On at 1:25 p.m., caregiver C said that on ..... she was passing out medications at approximately 5:30 p.m. when she could not locate resident #2. The caregiver searched the facility then used her car to search the surrounding area. She said the DON called her and said someone saw the resident on the road that ran parallel to the facility. The caregiver said she arrived at that location, law enforcement was present, and she was allowed to return the resident to the facility. The caregiver said she last saw the resident between 4:15 p.m. and 5:15 p.m., at which time, the resident said she was going to her room.	A 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969003	A. BUILDING: _____ B. WING _____	03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRILL GARDENS AT SOLVITA MARKETPLACE	4600 MARIGOLD AVE KISSIMMEE, FL 34758

(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 025	Continued From page 6 On . . . . . at 1:45 p.m., the DON said that on between approximately 5:45 p.m. and 6 p.m., she received a call from caregiver C, who said resident #2 was missing. The DON then learned that law enforcement responded to the facility and reported that the resident was found. The DON responded to the facility and assessed the resident for injuries and determined there were none. The DON said she interviewed the staff who were on duty and learned the door alarms were functioning properly. The DON said she saw the resident's bedroom window was open a little and there was no screen, so she assumed the resident exited via the window. The DON said the resident did not say how she got out. The DON said she moved the resident that same night to a model room that faced the outside courtyard and instructed the staff to do "alert charting" . . times a day for 72 hours. On . . . . . at 2:07 p.m., the administrator said he was not involved in any way after resident #2's elopement and knew only what the DON told him. The administrator said he was unaware of anything, other than moving the resident to another room, that was done to prevent the incident from happening again. Class II	A 025		
A 030 SS=D	59A-36.007(5) FAC; 429.28(. .) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman	A 030		

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
	AL11969003	A. BUILDING: _____ B. WING _____	03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRILL GARDENS AT SOLVITA MARKETPLACE	4600 MARIGOLD AVE KISSIMMEE, FL 34758

(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 030	Continued From page 7 Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements;	A 030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969003	A. BUILDING: _____ B. WING _____	03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRILL GARDENS AT SOLVITA MARKETPLACE	4600 MARIGOLD AVE KISSIMMEE, FL 34758

(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 030	Continued From page 8 7. . . . . control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from . . . . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and	A 030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969003	A. BUILDING: _____ B. WING _____	03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRILL GARDENS AT SOLVITA MARKETPLACE	4600 MARIGOLD AVE KISSIMMEE, FL 34758

(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 030	Continued From page 9 other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate	A 030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969003	A. BUILDING: _____ B. WING _____	03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRILL GARDENS AT SOLVITA MARKETPLACE	4600 MARIGOLD AVE KISSIMMEE, FL 34758

(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 030	Continued From page 10	A 030		

health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969003	A. BUILDING: _____ B. WING _____	03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRILL GARDENS AT SOLVITA MARKETPLACE	4600 MARIGOLD AVE KISSIMMEE, FL 34758

(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 030	Continued From page 11 active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs.	A 030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969003	A. BUILDING: _____ B. WING _____	03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRILL GARDENS AT SOLVITA MARKETPLACE	4600 MARIGOLD AVE KISSIMMEE, FL 34758

(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 030	Continued From page 12 (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to honor resident's rights and follow its grievance policy by failing to address 1 of 4 sampled residents' grievance (#1). Findings: Resident #1's record revealed a facility admission date of . An 1823 assessment form, dated , indicated the resident's diagnoses included , and status post left , nailing. The resident was alert and oriented to person, place, time and situation. On at 11:51 a.m., resident #1 said she received a call one night at approximately 9 p.m. from a man she did not know. She told the man that he needed to first speak with her family member and refused to give him the family member's phone number. She told the family member about the call. Then, on a different day, the man showed up to the facility and said the resident's mother left something for her but, the resident did not know what he was talking about.	A 030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969003	A. BUILDING: _____ B. WING _____	03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRILL GARDENS AT SOLVITA MARKETPLACE	4600 MARIGOLD AVE KISSIMMEE, FL 34758

(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 030	Continued From page 13 On . . . . . at 2:28 p.m., a review of the visitor sign in-out log revealed that the man signed in on . . . . . at 11:45 a.m. but it was to see the resident who lived across from resident #2. The facility's receptionist, who worked on . . . . . , said the man told her that he was there to visit resident #2 and he also said the resident's room number. The receptionist said she had not previously reviewed the sign-in log from that date and was surprised to see, when pointed out, that the man indicated he was there to see another resident. She said the man returned to the lobby approximately . . . . minutes later, then left. She said a few minutes later, resident #2's family member called and was very upset that the man was allowed upstairs. On at 2:45 p.m., the administrator said that after the man visited resident #2, he received a call from the family member, who was angry that the man was allowed to go upstairs. The administrator spoke with the receptionist, who said the man identified himself as a family member of the resident. The administrator said a camera in the facility lobby captured the man when he entered and exited the facility. The administrator said he never spoke with the resident about the incident and never documented it as per the grievance policy. He said he never reviewed the sign in-out log from that date and was surprised to see, when shown to him, that the man indicated that he was there to see another resident, and not resident #2. The administrator said he only reviewed the Covid screening form completed by the man, in which the man documented his phone number and that he was there to see resident #2. He said he never called the number to further investigate the reason for the man's visit. The administrator said that following the incident, he moved the sign	A 030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969003	A. BUILDING: _____ B. WING _____	03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRILL GARDENS AT SOLVITA MARKETPLACE	4600 MARIGOLD AVE KISSIMMEE, FL 34758

(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 030	Continued From page 14 in-out log and Covid screening forms from the table across from the receptionist area to the front desk, which would require visitors to interact with the receptionist. On at 1:40 p.m., resident #2 said that after the man's visit, the previous Director of Nursing (DON) did speak with her about the incident but otherwise, she never received a follow-up. On at 11:56 a.m., resident #2's family member said the resident called her after the man showed up. The family member said she spoke with the administrator the next day, who said he did not know about the situation and only that he was trying to put some processes in place. Review of the facility's undated grievance policy revealed it indicated that all concerns would be responded to within 48 hours, unless filed on a weekend. It indicated a plan of correction or resolution would be documented on a customer service support form and on the grievance/complaint log. Review of the log revealed the grievance filed by resident #2's family member was not on it. There was also no completed customer service support form. Class III	A 030		
A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969003	A. BUILDING: _____ B. WING _____	03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRILL GARDENS AT SOLVITA MARKETPLACE	4600 MARIGOLD AVE KISSIMMEE, FL 34758

(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 032	Continued From page 15 with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for:	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969003	A. BUILDING: _____ B. WING _____	03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRILL GARDENS AT SOLVITA MARKETPLACE	4600 MARIGOLD AVE KISSIMMEE, FL 34758

(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 032	Continued From page 16 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to follow it's resident elopement policy, failed to ensure its elopement policy contained the required information, failed to ensure 4 of 4 sampled direct care staff participated in a minimum of two resident elopement drills each year (C, D, E & F), and failed to make a daily effort to ensure 1 of 4 sampled residents, who was identified as an elopement risk, had identification (ID) on their person that included their name and the facility's name, address, and telephone number (#2). Findings: 1. Review of the facility's resident elopement policy, dated , revealed it indicated that "elopement drills are to be held monthly." The policy did not contain the required language to indicate that it would make, at a minimum, a daily effort to determine that at risk residents have	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969003	A. BUILDING: _____ B. WING _____	03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRILL GARDENS AT SOLVITA MARKETPLACE	4600 MARIGOLD AVE KISSIMMEE, FL 34758

(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 032	Continued From page 17 identification on their persons that includes their name and the facility's name, address, and telephone number. It also did not contain language to indicate that as part of its response to a resident elopement, the ID of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities and the process for continued care of all residents within the facility in the event of an elopement. Review of the facility's documented 2021 drills revealed they were dated , , , , and . On at 12 p.m., the maintenance director confirmed the language in the policy and said he was unable to provide additional documented elopement drills, to prove monthly drills were conducted. 2. Review of personnel records revealed the following: Caregiver C was hired on . Caregiver D was hired on . Caregiver E was hired on . Caregiver F was hired on . Review of all the 2021 resident elopement drills revealed none of those staff were listed as participants. On at 12 p.m., the maintenance director confirmed the findings and said he did not always get staff signatures of those who participated.	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969003	A. BUILDING: _____ B. WING _____	03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRILL GARDENS AT SOLVITA MARKETPLACE	4600 MARIGOLD AVE KISSIMMEE, FL 34758

(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 032	Continued From page 18 3. Resident #2's record revealed a facility admission date of . An 1823 health assessment form, dated , indicated the resident's diagnoses included and . She was forgetful and independent with activities of daily living (ADLs.) The 1823 indicated the resident was not an elopement risk. An undated negotiated service agreement indicated the resident was determined to be at risk for elopement. Two service plans dated and , both indicated the resident had current or history of within the facility and may outside but did not jeopardize her health or safety. The resident's record revealed documentation that indicated the resident eloped from the facility on . On at 1:25 p.m., resident #2 walked independently around the memory care unit. She carried a pile of folded clothes. She talked incessantly and frequently changed topics. She did not have ID on her person. She approached the main door and pushed buttons on the coded keypad. Caregiver A approached her then redirected her away from the door, at which time, the resident became visibly agitated then walked away. On at 1:44 p.m., caregiver B said resident #2 oftentimes exhibited exit-seeking behavior. Caregiver B said she checked on the resident every hour and got the resident involved with activities. The caregiver said no kind of ID was placed on those residents who were identified as being at risk for elopement. On at 10:33 a.m., resident #2 was seen	A 032		

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
	AL11969003	A. BUILDING: _____ B. WING _____	03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRILL GARDENS AT SOLVITA MARKETPLACE	4600 MARIGOLD AVE KISSIMMEE, FL 34758

(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 032	Continued From page 19 sitting at a dining room table. She did not have ID on her person. The Director of Nursing was present and said there was no process in place for ensuring residents had ID. Class III	A 032		