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
	AL11969766	A. BUILDING: _____ B. WING _____	04/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERY ALF 3 INC	3259 SW 141 AVE MIAMI, FL 33175

(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 A complaint investigation (complaint number 2024003805) was conducted at Mery ALF 3 Inc. on to . A deficiency was identified at the time of the survey.	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 or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . 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 , , 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

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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 record review and interview, the facility failed to offer personal supervision, as appropriate for each resident and provide care and services. The Resident had a with injury and did not receive medical care until three hours later, after being observed with bump on his for one out of six (Resident #1) sampled residents. The resident was sent to the hospital by rescue and identified with having a left frontal , hematoma, and small over the right frontal . Resident was previously identified as a risk and there was no documentation precautions had been implemented.	A 025		

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A 025	Continued From page 2 Findings: A review of Resident #1 1823 AHCA health assessment showed a completion date for [illegible], with diagnoses of Type II [illegible], History of Smoking, [illegible]. Stable in all conditions. Physical or Sensory limitations: Decline in functions, risk for [illegible], deconditioning. [illegible] or Behavioral Status: Memory [illegible]. Home health services. needs assistance with bathing, assistance with self-administration of medications and supervision with the rest of the activities of daily living. The special precautions section revealed the resident was at risk for [illegible] precautions. A review of Resident #1 facility progress notes dated [illegible] revealed, 'around 4 AM the wife of Resident # #1 notified the staff that her husband was sitting on the floor. The wife stated that the client had [illegible] off the bed. At that time the client refused to say that he had any [illegible] or discomfort. No [illegible] noted at that time by staff. The staff assisted the resident to get up from the floor and get [illegible] to bed. At about 7 AM a small [illegible] was noted on the client's left upper forehead. The client's family was notified. 911 was called by the family, client was transported to the hospital, stable condition. Review of the hospital records for Resident #1 dated [illegible], revealed that the resident had been admitted to the hospital on [illegible] with a diagnosis of left frontal [illegible], hematoma, and small [illegible] over the right frontal	A 025		

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A 025	Continued From page 3 . . . . The focus physical examination revealed, left frontal hematoma with overlying . . , no . . . . . . On at 10:11 AM, Staff B stated, "The family is the one that call rescue because when we call the daughter she said not to worry that she would call them. Yes, we should have called rescue because he is on ." On Staff C stated, "It was around 4 o'clock in the morning, he [Resident #1] used to stand up and go to bed on his own. He was a little disoriented, got out of bed to get something to eat and felled. I did not notice any , only a little redness on the forehead. Around 7 o'clock I saw a bump on his . I called his daughter and we called rescue at the same time." Further review of Resident #1 records showed no documentation the health care provider was notified after the resident had . . from the bed. The facility progress note dated revealed after the the resident was put . . to bed. Resident was previously identified as a risk and there was no documentation . precautions had been implemented. A review of Resident # 1's medication observation record revealed that the resident was taking , ( ) 2.5 mg twice a day by . . . . A review of MedlinePlus(gov.) showed that while taking you should call your doctor right away if you . or injure yourself, especially if you hit your . A review of the National Library of Medicine revealed that . . medication usage may have an increase in the	A 025		

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A 025	Continued From page 4 risk of intra- . . . . . associated with falling. Class II	A 025		