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 _____	09/11/2024

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 A complaint investigation #2024011916 was conducted on at Merrill Gardens at Solvita Marketplace. There were deficiencies found at the time of the visit.	A 000		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during	A 152		

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 _____	09/11/2024

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 152	Continued From page 1 use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a clean, sanitary, and safe living environment free of roaches and unsanitary conditions for 4 of 5 residents sampled. Findings: On during a tour of the facility at 10:33 am, an interview with resident #1 was conducted. He was observed in his room. He stated Orkin comes in every Friday to exterminate the facility. The Orkin guy goes into various resident's rooms to spray. His room did not contain dirty dishes or food on the countertop. Residents stated that the roaches are behind the wall and come out through the electrical plugs and bathroom vents. On at 1:45pm spoke with the chef who confirmed yes there are roaches in the facility. However, he stated that since the facility has got Orkin to come twice a week he has not seen any roaches in quite a while. On at 1:57 pm asked to speak with the maintenance director and asked for the log which shows that Orkin is coming into the building. At 2:20pm the administrator brought in 5 weeks of Orkin reports. The reports showed that every Friday and Tuesday they are at the facility to exterminate, Friday shows the resident room and areas, Tuesdays show that they spray in around the dietary areas.	A 152		

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 _____	09/11/2024

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 152	Continued From page 2 On at 10:42am spoke with resident #2 who stated that she that she has had an ant, roach and a little rat recently running around in her bathroom. This writer asked if she had reported it to the facility staff, and the resident confirmed that she did tell the receptionist and the DON about the issues. Resident #2 did state that the roaches ae not as prevalent in her room and the ants are no longer present. Also, the rat is no longer an issue. Resident #2 stated that she believes the roaches are laying eggs in the walls because they will come out through the electrical sockets. Resident #2 stated that she has not had any roach issues for the past two weeks. Resident #2 stated that the facility has Orkin coming into the building every Friday to spray each floor, which is beginning to help. On at 6:00 pm during an interview, the Administrator and the DON, who both stated the facility does have roaches and they are working on it by having the exterminator come into the facility twice a week and they have also added it to their budget with the corporate office. Photographic evidence obtained Class III	A 152		