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 _____	11/04/2025

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 (2025012142) and Generator Monitoring survey were conducted at Merriment Assisted Living Residence on . The facility had deficiencies related to the Relicensure at the time of the survey.	A 000		
A 152	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.	A 152		

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 _____	11/04/2025

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 152	Continued From page 1 (d) Residents who use portable bedside commodes must be provided with privacy during 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 repair or make timely or complete repair of Resident apartments or facility buildings or grounds. The findings include: Observation of apartment 105 by this surveyor on at 11:39 AM revealed the dresser drawer in the living room was loose and termite-like damage, the paint in the bathroom/closet area ceiling was peeling, the tile on the floor was cracked, the drainage in the shower stall had repair puddy over it, the paint on the walls in the living area was -matched and faded, the front door had an unknown substance on it. Additionally, the wall where the apartment's air-conditioner (AC) was observed by this surveyor with brown spots/black mold-like stains. The AC was also observed to have silver tape around the edges indicating the insulation of the AC was not completed (photos obtained). In an interview on at 11:41 AM with Resident #14 who lives in apartment 105, she stated she has spoken with Administration regarding the issues above for over 6 months, but nothing has happened. She also stated that the drainpipe clogs when it rains, so the water collects outside her door and travels down to	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
	AL11910710	A. BUILDING: _____ B. WING _____	11/04/2025

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 152	Continued From page 2 and the storage room (each located to the North of her apartment). She further stated the water is there until someone sweeps it out of the area. Observation of the facility's dining room and kitchen by this surveyor on also revealed the AC vents in the ceiling had a mold-like substance (photos obtained). Observation of the front door of the Administrative office by this surveyor on 11/04/2025 revealed rotted wood baseboards that had a mold-like substance, the Northwest wall near the front door was damaged at the area where the electrical outlet is located (photos obtained). Observation by the surveyor on of 's bathroom vanity revealed the base (bottom) had rooted wood and brown spots, the bathroom sink had a brownish rust-like discoloration around the drain, the toilet shelf had rust-like brownish discoloration, the bathroom wall mirror was missing, and the extendable mirror had rust like brownish discoloration (photo obtained). Observation of apartment 106 by the surveyor on revealed the wall unit air conditioner (AC) had silver tape around the unit indicating the installation was unfinished, and the repair of the drywall near AC was unfinished (photo obtained). Observation of apartment 108 by the surveyor on revealed the drywall repair in the ceiling had not been completed, the ceiling near window had large brown stains (photos obtained). Observation of apartment 109 by the surveyor on revealed the entry door's frame had	A 152		

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 _____	11/04/2025

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 152	Continued From page 3 unfinished paint around door frame with visible brush/roller marks with uneven coats (photos obtained). Observation of apartment 111 by the surveyor on revealed the bathroom shower had an exposed metal frame and the drywall had mold like stain, and the wall at the corner was cracked (photos obtained). Observation of apartment 201 by the surveyor on revealed the drywall repair in the bathroom was unfinished, the ceiling was peeling/bubbled and had large brown spots, the light fixture frame had an exposed metal plate with a cardboard box covering and large black mold-like stained around it, the sink faucet was dripping, the toilet had a brownish rust-like color on the inside and the tile on the bathroom showers in-step was chipped (photos obtained). In an interview on 11/042025 at 9:50 AM with Resident #2 who lives in the apartment, he stated the faucet has been leaking for 2 months, and the toilet bowl has been like that since he moved into the facility. He stated he had reported all of the items observed to administrator and maintenance director, but the repairs have not been done to date. Observation of apartment 204 by the surveyor on revealed the outside wall under the wall air-conditioner (AC) had dark brown algae-like stains running down the wall. The shared bathroom had unfinished drywall repairs, and its ceiling paint was bubbled and peeling. Observation of the facility's common area/courtyard by the surveyor revealed a green plastic patio chair with a broken rest that	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
	AL11910710	A. BUILDING: _____ B. WING _____	11/04/2025

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 152	Continued From page 4 was repaired with masking tape, which could present a danger to residents using it. The four (4) black chairs were observed to be in disrepair (sitting padding showing white foam, ripped and cracked leather like covering), and in need of repair and/or replacement to prevent potential harm to residents using them. Class III	A 152		