STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910578	10/09/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Merci's Home Corp	4291 Sw 9 Terrace Miami, FL 33134	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - E203 - 58a-5.030(4) Fac - Ecc - Staffing Requirements S-S= D
St - A - E204 - 58a-5.030(5) Fac - Ecc - Admissions & Continued Residency S-S= D
St - A - E210 - 58a-5.0191(7) Fac - Ecc - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Extended Congregate Care (ECC) Monitoring Survey was conducted at Merci's Home Corp on 2013. The following deficiencies were identified at the time of the survey.

E203-ECC - Staffing Requirements 58A-5.030(4) FAC

Based on record review and staff interview the facility failed to employ or contract a nurse who shall be available to provide nursing services as needed to ECC residents.

Findings include:

Multiple requests to the facility administrator for documentation showing the facility has contracted the services of a nurse to provide Extended Congregate Care (ECC) services revealed no contract was presented to the surveyor.

An interview conducted with the administrator on at 11:45 a.m. revealed she was sure she had one but was not able to find it at that moment.

Class: III

E204-ECC - Admissions & Continued Residency 58A-5.030(5) FAC

Based on record review and interview the facility failed to comply with the minimum admission criteria for 1 of 9 (#2) residents reviewed.

Record review of sampled resident #2 revealed the resident was admitted to the facility on under the care of hospices services-Season's Hospice. Prescription dated on file for evaluation for admission to Hospice services, diagnosis Anoxic Damage, /feces incontinence.

Review of Health Assessment dated revealed the resident requires home health assistance all the time, is non-ambulatory, permanent bed bound. Under special diet instructions it has noted the resident requires feeding.

Record review of hospice file revealed a start of care date of . Further review of Hospice Certification and Plan of Treatment documentation revealed on the resident was assessed as in complete bedrest, of bowel and , with and with ( )

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tube feeding.

Interview with administrator on at 12:02pm revealed this resident used to live at home where she was under hospice services. The resident was placed in the ALF with hospice services because of her condition. Said she was more worried about coordinating the care to the feeding and did not realize a the resident's condition was an inappropriate admission for an ALF.

Class III

E210-ECC - Training 58A-5.0191(7) FAC

Based on record review and interview the facility failed to ensure all direct care staff providing care to residents in an extended congregate care program (ECC) must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, , or social needs of frail elderly and persons, or persons with 's or related for 3 out of 6 (staff C,D and F) sampled staff.

Finding include:

Employee record review revealed the following staff had no documentation of 4 hours continuing education every two years in topics relating to the physical, , or social needs of frail elderly and persons, or persons with ' or related
-Caregiver C, hired on
-Caregiver D, hired on
-Caregiver F, hired on

Interview conducted with the facility administrator on at 11:25am revealed the above mentioned staff have not taken the ECC training.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Merci's Home Corp
4291 Sw 9 Terrace
Miami, FL 33134

Dear Administrator:

This letter reports the findings of a state Extended Congregate Care (ECC) monitoring survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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