

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910710	(X3) DATE SURVEY COMPLETED 12/27/2013
NAME OF PROVIDER OR SUPPLIER Merriment Manor Retirement Home	STREET ADDRESS, CITY, STATE, ZIP CODE 1835 Wilson Street Hollywood, FL 33020	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - Initial Comments
 St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
 St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
 St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
 St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
 St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility standard biennial licensure survey was conducted on _____
 Merriment Manor Retirement Home, had licensure deficiencies found at the time of the visit.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observations and interviews, the facility failed to provide an ongoing activities program, for all 47 residents living at the facility.

The findings include:

On _____ at 11:00 AM, the Administrator was asked about activities. Observation at 11:35 AM in the dining area an activities calendar on the wall documented Sunday, Monday and Wednesday activities 2-PM-4 PM, Tuesday 5:30 PM-7:00 PM and Thursday, Friday and Saturday 6:30 PM-8:00 PM. The Administrator was asked what the residents do all day and she stated they like to sit outside and smoke. A _____ a television that was off, 3 board games in a cabinet and books in draws was observed. The Administrator stated she does not have an activity person or any scheduled activities during the day.

Residents observed during 2 days of the survey were asked what they do all day and confirmed the facility does not have any activities during the day. An interview with the following residents revealed Resident #2 at 10:35 AM, stated "not much goes on during the day". Resident #3 at 11:00 AM, stated "Friday they have a group program Saturday is movie night, not much else." Resident #10 at 11:15 AM,

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stated "went to program but insurance ran out. Friday they have a group program. Saturday is movie night and not much else."

An interview with the Administrator revealed the facility has no communication with the residents regarding input into selecting, planning or scheduling activities.

In an interview conducted on _____ at 10:00 AM with Resident # 4, she stated that the residents do not participate in decisions regarding activities and that she would like more activities at the facility.

In an interview conducted on _____ at 10:15 AM with Resident # 5, he stated that the residents are not asked what type of activities they are interested in and that this is not alright with him; there are no activities at the facility and that he would like activities.

In an interview conducted on _____ at 10:40 AM with Resident # 6, she stated the facility never asks us about what activities to have, I would like some activities.

In an observation conducted on _____ at 10:00 AM, the residents of the facility were not engaged in any activity, most were sitting outside. On a subsequent observation conducted on _____ at 2:00 PM, the residents were still not engaged in any activity. On further observation on _____ at 10:00 AM, the residents were still not engaged in any activity.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation and interview, the facility failed to ensure that the medication self-administration was free of errors for 2 out 5 residents observed during the Noon medication administration (Resident #15 and #16) out of 16 sampled residents.

The findings include:

During observations of the noon time medication pass with the Administrator at 12:11 PM on the following was observed. The Administrator was observed tearing up a plastic bag containing Resident #15's pill; identified as Thihexyphenidy 5 mg and had placed it into the resident's palm. The resident then questioned the Administrator by asking if his medication has been changed. The

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Administrator at this time, immediately realized that the pill was for another resident. She then placed the pill back into the opened plastic bag and gave Resident #15 another pill verified as the right pill. Immediately thereafter, she proceeded with the medication administration and took the pill she took from Resident #15 and gave it to Resident #16. She was immediately stopped and asked to explain what she was doing. She affirmed that she was giving the pill to Resident #16. She was advised to refrain herself from doing that and she agreed. She said that she will reorder another pill for Resident #16 and will give her the one designated for the following day which she did.

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based on observation, record review and interview, the facility failed to ensure documentation of a written work schedule reflecting a 24 hour weekly staff coverage for a census of 47 and that the minimum Assisted Living Facility (ALF) staffing hours were maintained weekly.

The findings include:

a) A request on _____ was made to the Owner/Administrator for the assisted living facility (ALF) staff schedule. The schedule dated _____ was reviewed with the Owner who stated, she does not have a current schedule but it does not change unless someone calls in sick or is on vacation. Observation of a note hanging in the office revealed changes to the schedule during the month of _____ for vacations. The Administrator stated, she did not have a _____ staff schedule. An interview on _____ at approximately 10:30 AM, revealed 4 of the employees on the _____ schedule were housekeepers or dining attendants. The Administrator confirmed these employees did not provide any type of resident care. The staffing documentation provided during the interview revealed 270 staffing hours for the week.

Review of the ALF staffing requirements for a census of 47 and the staffing schedule revealed the facility did not have sufficient staffing. The documentation of the staffing hours provided by the Administrator revealed the facility was short 105 hours per week. The facility employs only 1 night attendant 7 days a week for a census of 47. The facility failed to have the required 24 hour coverage that meets the assisted living facility minimum staffing ratios and have enough qualified staff to provide resident supervision, provide or arrange for resident services in accordance with the residents scheduled and unscheduled service needs and resident care.

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/21/2014
FORM APPROVED

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b) In an observation conducted on _____ at 9:57 AM, Resident #4's clothing was dirty. During an interview conducted on _____ at 9:50 AM with Resident #4, she stated that there is no staff at the facility to assist her with showers, dressing or _____ that the hospice aide comes in to assist her with that.

In an interview conducted on _____ at 9:40 AM with Staff E, she stated she is only responsible for the food and that she does not provide resident care.

In an interview conducted on _____ at 10:40 AM with Staff F, she stated that she does not provide care to residents, only responsible to clean 14 _____.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review an interview, the facility failed to provide documentation of completion of the required in-service training, for 1 of 4 sampled employees (Employee A).

The findings include:

A review on _____ at 1:45 PM of the personnel records revealed Employee #A who provides direct care to residents, lacked documentation verifying the employee had received the required in-service training within 30 days of employment in the following areas: activities of daily living, reporting major incidents, reporting adverse incidents and emergency preparedness and evacuation.

During an interview on _____ at 10:10 AM, the Administrator acknowledged the findings.

Class III

0090-Training - _____ 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to provide documentation of completion of the required 1 hour of training in the facility's policy and procedures regarding _____ in-service training, for 1 of 4 sampled employees (Employee #A).

The findings include:

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A review on _____ at 1:45 PM of the personnel records for Employee A, revealed the file lacked documentation verifying the employee had received training in the facility's policy and procedures regarding _____ (O's).

During an interview on _____ at 10:10 AM, the Administrator acknowledged the findings.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Merriment Manor Retirement Home
1835 Wilson Street
Hollywood, FL 33020

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on , 2013 and , 2013 by representatives 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 , 2014 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

