

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/04/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910710	(X3) DATE SURVEY COMPLETED 03/03/2014
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)		

Revisit Corrected Tags:

0026-Resident Care - Social & Leisure Activities-03/06/2014
0052-Medication - Assistance With Self-Admin-03/06/2014
0079-Staffing Standards - Levels-03/06/2014
0081-Training - Staff In-Service-03/06/2014
0090-Training - Do Not Resuscitate Orders-03/06/2014

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility biennial relicensure revisit survey was conducted on 03/03/2014. Merriment Manor Retirement Home, had no licensure deficiencies found at the time of the revisit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 4, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on March 3, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dmb

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