STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964986	06/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Merry One Alf	1066 Sw 141 Court Miami, FL 33184	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

An Limited Nursing Services Monitoring Survey was conducted on . Merry One Assisted Living Facility had the following deficiencies at the time of the survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview the Assisted Living Facility failed to have a written statement from a heath care provider documenting that 2 out of 3 sampled residents did not have a statement verifying the staff member is free from communicable including .

Findings include:

Record review revealed the physical examination form including free of signs and symptoms of communicable and negative was last completed on . Further review revealed caregiver_A's the physical examination form including free of signs and symptoms of communicable and negative was last completed on .

In an interview with registered nurse on at approximately 8:42 a.m. via telephone revealed that he did not have time to provide a copy to facility of new physical examination form. Further interview with the administrator on at approximately 8:50 a.m. revealed that did not know that caregiver A's physical examination form including free of signs and symptoms of communicable and negative expired since of current year.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview the Assisted Living Facility failed to have copy of current registered nurse's professional license.

Findings include:

Record review of registered nurse contracted to provide limited nursing services revealed that registered nurse professional license expired .

In an interview with registered nurse on at approximately 8:42 a.m. via telephone revealed that he did not have time to provide a copy to facility of new registered nurse professional license.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964986	06/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0162-Records - Resident 58A-5.024(3) FAC

Based on interview and record review the Assisted Living Facility failed to have a health care provider's order for nursing services for two out of two sample residents (#1 and #2).

Findings include:

In an interview with administrator on at approximately 8 a.m. revealed residents #1 and #2 received administration by a nurse from a home health agency.
In an interview with resident #2 on at approximately 9:30 a.m. revealed that she revealed administration by a home health agency nurse twice a day.
In an interview with resident #1 on at approximately 9:40 a.m. revealed that he revealed administration by a home health agency nurse once a day every morning.

Record review for resident's #1 and #2 record revealed that there was not doctor order for resident #1 administration.

Interview with the administrator confirmed the facility did not have a physician order for the home health services.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Merry One Alf
1066 Sw 141 Court
Miami, FL 33184

Dear Administrator:

This letter reports the findings of a Limited Nursing Service Monitoring Survey that was conducted on , 2014 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:kb
Enclosure
XG90

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