

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964986	(X3) DATE SURVEY COMPLETED 02/23/2015
NAME OF PROVIDER OR SUPPLIER Merry One Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 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 - 0010 - 429.26(1&9) Fs; 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring survey was conducted on [redacted], 2015. Merry One Alf had the following deficiency at time of the survey:

0010-Admissions - Continued Residency 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the Assisted Living Facility failed to have a health assessment that indicated change of condition for one (#2) out of two sampled residents.

Findings included:

Record review of Resident #2's file revealed that Health assessment (AHCA form 1823) completed on [redacted] indicated physical or sensory limitations: [redacted] or behavioral status: [redacted] and disoriented in time and place, resident needs assistance with all activities of daily living (ambulation, toileting, bathing, dressing, eating, self-care, transferring).

Interview with facility's owner on [redacted] at 11:11 AM revealed that Resident #2 needed total assistance and had been bedridden for more than seven days.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a Limited Nursing Services Monitoring survey that was conducted on , 2015 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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