STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964986	02/23/2015
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 - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0086 - 58a-5.0191(9) Fac - Training - Adrd S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on . Merry One ALF had the following deficiencies were found at the time of the survey.

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

Based on record review and interview the facility failed to have one out of four (D) sampled employees trained in Reporting Major Incidents/ Reporting Adverse Incidents/Emerge lures and Evacuation, Resident Rights/Recognizing and Reporting , Neglect, , Activities of daily living (ADL) and Behavior Needs, Safe Food Handling, and Elopement within 30 days of employment.

Findings included:

1. Record review revealed Employee D. (caretaker) started on and worked on the night shift from 7 pm to 7 am. The employee did not have any training in the areas for Reporting Major Incidents/ Reporting Adverse Incidents/Emergency Procedures and Evacuation, Resident Rights/Recognizing and Reporting , Neglect, , ADL and Behavior Needs, Safe Food Handling, and Elopement.

2. Interviewed the Owner of the facility on at 1:00 pm, she confirmed the findings in regards to Employee D. not having the training within 30 days of employment.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on record review and interview the facility failed to have one out of four (D) sampled employees trained in First Aid and . The facility failed to ensure that at least one staff member had First Aid and during the night shift.

Findings included:
1. Record review revealed Employee D. (caretaker) worked on the night shift from 7 pm to 7 am. The employee did not have any training in the areas for First Aid and since working at the facility.

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Record review revealed the facility failed to have at least one staff member trained in First Aid and during the night shift.

2. Interviewed the Owner of the facility on at 1:00 pm, she confirmed the findings in regards to Employee D. not having training in the areas for First AID and

Class III

0086-Training - ADRD 58A-5.0191(9) FAC

Based on record review and interview the facility failed to have one out of four (D) sampled employees trained in and Related (ADRD).

Findings included:

1. Record review revealed Employee D. (caretaker) started on The employee did not have any training in the areas for (ADRD).

2. Interviewed the Owner of the facility on at 1:00 pm, she confirmed the findings in regards to Employee D. not having training in the areas for (ADRD).

Class III

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

Based on record review and interview the facility failed to have one out of four (D) sampled employees trained in ( ) training.

Findings included:

1. Record review revealed Employee D. (caretaker) started on The employee did not have any training in the areas at the facility.

2. Interviewed the Owner of the facility on at 1:00 pm, she confirmed the findings in regards to Employee D. not having training in .

Class III

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

Based on record review and interview the facility failed to have two out of five (#1 and #2) sampled residents' Power of Attorney (POA), Surrogate or Guardianship documentation.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964986	02/23/2015
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)		

Findings included:

1. Record review revealed Residents #1 and #2 did not have POA, Surrogate, or Guardianship documentation in the charts but family members signed documents in the residents charts. Resident #1 was admitted on and the resident's daughter has been signing the documentation in the chart. Resident #2's son has been signing all the documentation in resident #'s chart. Record review found the facility had copies of blank POA forms in Residents #1 and #2 records.

2. Interviewed the Owner of the facility on - at 4:00 pm, she confirmed the findings in regards to both residents not having completed Power of Attorney in their charts and that both POA documents were blank in the residents charts.

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 Standard Biennial licensure 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
XG90

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