STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910578	**06/03/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
MERCI'S HOME CORP	**4291 SW 9 TERRACE MIAMI, FL 33134**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An Extended Congregate Care (ECC) Monitoring survey was conducted on . Merci's Home Corp. had deficiencies at time of the survey.

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

Based on record review and interview, the facility failed to have documentation of negative examinations for four out of five staff (Staff A, B, C, and D) on an annual basis.

Findings included:

Personnel record review for Staff A, B, C, and D found the facility did not have documentation of negative examinations annually. The last examinations were dated for Staff A, B, C and D.

Interview conducted on at 2:15 PM, Staff B confirmed that the did not have the updated documentation.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview the facility failed to provide annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF for three out of five staff (Staff A, B and D).

Findings include:

Review of Staff A, B and D records showed it did not contain documentation that they received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF. Staff A, B and D training expired on .

During an interview on at 2:15 PM, Staff B, stated that she and Staff A and D assist the residents with self-administered medications. She acknowledged that the facility did not receive a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Merci's Home Corp
4291 Sw 9 Terrace
Miami, FL 33134

Dear Administrator:

This letter reports the findings of an Extended Congregate Care 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
XG90

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