STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910710	10/13/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced licensure complaint survey, CCR #2015007936, was conducted on at Merriment Manor Retirement Home. The facility had deficiencies found at the time of the visit.

The above survey was conducted in conjunction with the Relicensure survey.

0030 Resident Care - Rights & Facility Procedures

Based on interview and record review, it was determined that the facility failed to ensure that all residents (44 out of 44) were informed of the facility ' s policy and procedure pertaining to , neglect and . This was evidenced by the facility ' s lack of having a policy and procedure in place that fully addressed the aforementioned and that should have been included in the admission packet addressing at a minimum.
The findings include:

During an interview with the Administrator on / at 11:30 PM, a request was made by this writer for her to provide the facility ' s policy and procedures. After waiting for a reply for a while, it was finally determined that the facility did not currently have a policy and procedure in place that addressed and allegations of . It was also noted that the facility admission package didn't contain the facility's , neglect and explotiation policy. During further interview with the Administrator she informed the surveyor that the Hotline is posted in the dining and that she provided the training to all her employees.

On at 12:45 PM, the Administrator provided an , neglect and explotiation policy. However, the Administrator admitted to the surveyors she had drafted it that day to meet the requestx. Review of the policy indicated that it was incomplete. The policy failed to address how the facility would handle cases of or allegations of internally.

During a follow-up interview with the administrator on at 1:45 PM, she acknowledged the findings and indicated that she will ensure that the policy is complete at the time of the next review date.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015007936

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2015 by a representative 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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
Enclosure
XG90

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