STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966979	02/08/2016
NAME OF PROVIDER OR SUPPLIER **MERY ALF 2010 CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **3259 SW 141 AVENUE** **MIAMI, FL 33175**	

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

0000 Initial Comments

A Change of Ownership survey was conducted on . Mery ALF 2010 Corp. had the following deficiencies at the time of the visit.

0079 Staffing Standards - Levels

Based on observation, record review and interview the facility failed to have a current and accurate staff schedule posted and available for review.

Findinhgs as follow:

On at 8 20 a.m. it Staff B was observed in facility with 5 residents.

On at 8:20 a.m. it was observed the Staffing Schedule posted was dated .

Record review revealed that the facility had no staff schedule for the month of 2016.

On at 11:36 a.m. the facility administrator stated that the facility had 3 Staff members. The Administrator also acknowledged that no staff schedule existed for the month of 2016.

Class III

0081 Training - Staff In-Service

Based on observation, record review and interview the facility failed to have 2 of 3 (Staff B and C) Staff who prepare or serve food, trained in food handling;

Findings as follow:

On at 9:02 a.m. Staff B was observed in the kitchen preparing a snack for residents.

Record review documented the last food handling training for Staff B was dated and / for Staff C.

On the facility administrator acknowledged the facility failed to have Staff B and C trained in 1 hours continuing education in food handling on yearly basis.

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Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview, the facility failed to obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility for 1 out of 3 (Staff C) facility Staff.

Findings as follow:

Record review documented the last continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility for Staff C was dated I/ .

On the facility administrator acknowledged, the facility failed to have Staff C trained in 1 hour continuing education in providing assisance with delf-administered medications, on annual basis.

Class III

0085 Trainina - Nutrition & Food Service

Based on observation, record review and interview the facility failed to have 2 of 3 (Staff B and C) Staff who prepare or serve food, trained, in 1 hour Nutrition and food service on annual basis.

Findings as follow:

On at 9:02 a.m. Staff B was observed in the kitchen preparing a snack for residents.

Record review documented the last Nutrition and food service training for Staff B was dated and I/ for Staff C.

On the facility administrator acknowledged the facility failed to have Staff B and C trained in 1 hour continuing education in Nutrition and food serviceon annual basis.

Class III

0160 Records - Facilitv

Based on record review and interview the facility failed to have proof of Sanitation inspections made in

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SUMMARY STATEMENT OF DEFICIENCIES
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the last 2 years.

Findings as follow:

Record review showed the facility last sanitation inspection was dated .

On at 11:40 a.m. the facility administrator stated the last facility sanitation inspection was made on . The Administrator further stated that they had called the authority in charge of inspection, however no one had come to do the inspection, yet.

Class III

0162 Records - Resident

Based on record review and interview the facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for 1 out of 2 (Resident #3) facility residents.

Findings as follow:

Record review revealed that the Contract (dated / /) between Resident #3 and the facility was signed by a family member.

Record review revealed that the facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for Resident #3.

On at e11:50 a.m. the facility administrator stated the Contract between resident #3 and the facility was signed by resident's son and added the facility had no a Power of attorney for resident #3.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016
AMMENDED

Administrator
Mery Alf 2010 Corp
3259 Sw 141 Avenue
Miami, FL 33175

Dear Administrator:

This letter reports the findings of change of ownership licensure survey that was conducted on , 2016 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. **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 , 2016.** 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 surveyor(s). Should you have any questions please call Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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