STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910578	03/17/2016
NAME OF PROVIDER OR SUPPLIER **MERCI'S HOME CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **4291 SW 9 TERRACE** **MIAMI, FL 33134**	

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

0000 Initial Comments

An Abbreviated Biennial Survey was conducted on / and concluded on . Merci's Home Corp with Limited Mental Health (LMH) component had the following deficiencies found at the time of survey:

0026 Resident Care - Social & Leisure Activities

Based on observations and interviews the facility failed to offer social, recreational, educational and other activities within the facility a minimum of 12 hours per week.
Findings included:
Observations on / at 8:15 AM showed residents sitting in the common area watching television; a few with their heads down and others half asleep. Further observations found staff were working cooking or cleaning so staff did not offer activities to the residents. Observations found the facility did not have the games (activities) listed on the calendar.
During an interview on / at 11:13 AM Staff C (caregiver) stated we did not offer activities to residents. She stated some of them go out of the facility for a walk.
During an interview on / at 11:23 PM Staff D (cook) stated we did not offer any activities to residents. She stated they like to watch television.
During an interview on / at 11:09 AM the Administrator stated my elderly populations does not like to do activities. She stated we were offered them before but they do not like to do anything so we don't offer them any.
Class III

0052 Medication - Assistance with Self-Admin

Based on observations and interview the facility failed to read the medication label, opening the container, removing the prescribed amount of medication from the container, and close the container in the presence of the residents for three out of 13 (# 3, # 10 and 13) sampled residents.

Findings included:
Medication pass observations on / from 8:45 AM to 9:00 AM, Staff D had pre-pour medications on top of the kitchen counter in plastic cup with the residents' names. Staff D had breakfast for Residents #3, #10, and #13 on the food trays with the medication cups also on the trays. Staff did not read the medication labels to the residents.
During an interview on / at 10:00 AM the facility's Owner acknowledged that the facility staff pre-pour medications into the cups. She stated "I will tell Staff D that she cannot have the medication prepared for the residents.

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During an interview on / at 11:29 AM, Staff D stated "I assist residents with medications every day during breakfast, lunch, and dinner. I have the medication pre-pour and I give the medication with the spoon because I do not want medication ."
Class III

0053 Medication - Administration

Based on observation, record review, and interview the facility failed to ensure that licensed personnel administered medications to for three out of 13 (# 3, # 10 and 13) sampled residents.
Findings included:
Medication pass observations on / from 8:45 AM to 9:00 AM, Staff D (cook)administered medications to Residents #3. Staff D placed Resident #3's medications on a spoon and placed the spoon with the medications into Resident #3' mouth, medications included: sod ER 100 MG one table a day: 150 mg 1 tablet two times a day; 20 MG 1 tablet daily; 25 mg 2 times a day; 25 mg; 325 MG one a day; 0.5 2 times a day; and 20 Mg 1 tablet a day.
Staff D also administered medications to Residents #10. Staff D placed Resident #10's medications on a spoon and placed the spoon with the medications into Resident #10's mouth, medications included: 50 mg one tablet two times a day; 100 mg one tablet a day; and 500 mg, one tablet two times a day.
Further observations found Staff D administered medications to Residents #13. Staff D placed Resident #13's medications on a spoon and placed the spoon with the medications into Resident #3' mouth, medications included: ER 10 1 tablet a day; 5 mg 1 tablet a day; 20 mg one tablet a day; 20 mg one time a day; 8 mg one time a day; and 10 mg one tablet two times a day
During an interview on / at 10:00 AM the facility's Owner stated I will tell Staff D she can't not give medications to Resident's in their mouth.
During an interview on / at 10:29 AM Resident #3 stated, she put the spoon with pills in my mouth.
During an interview on / at 11:29 AM, Staff D stated "I assist residents with medications every day during breakfast, lunch, and dinner. I'm not a nurse."
Class III

0093 Food Service - Dietary Standards

Based on observation, record review, and interview the facility failed to provide substituted menu items with comparable nutritional value. The facility failed to ensure meals served to the residents were no more than 14 hours elapse between the end of an evening meal containing a protein and the beginning

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of a morning meal. The facility failed to have 3-day supply of nonperishable milk for the census of 15 residents.
Findings included:
1. Record review on . . . . / facility menu posted showed lunch: Fish (4 oz.), white rice (1 T), Beans (1/2 cup) Tomatoes (1/2 Cup) mixed salad (1 cup) Fresh fruit (1).
Lunch observation on / at 12:00 PM found substitution noted on the menu and served to six residents were spaghetti with cheese , mixed salad, and juice. The facility did not serve any type of protein and fruit to the residents.
2. During a confidential interview on / at 11:23 AM it was revealed "we offered snacks to residents at 3:00 PM (Coffee, cookies and juice). She stated I offer breakfast from 8:00 to 8:15 AM, Lunch 12:30 to 12:45 PM, Dinner 4:15 PM to 4:30 PM."
During an interview on / at 10:29 AM Resident # 3 stated some time they offer snack at 3:00 PM.
During an interview on / at 12:06 AM Resident #6 stated Dinner is at 4:00 PM and they do not offer snack at nights.
3. Observations on / at 8:15 AM found that the facility's storage not have 3 days of emergency milk for the census of 15 residents.
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 one out of 13 (#1) sampled residents.
Findings included:
Record review on / showed Resident #1 (admitted on)'s contract between Resident #1 and the facility was signed by a family member (daughter). Record review showed the facility failed to have a health care surrogate appointed, health care proxy, guardian or a power of attorney on record for review.
During an interview on / at 11:54 AM the facility's Owner stated "I did not have power of attorney here for review for Resident #1." She stated her daughter have the power of attorney with her.
Class III

L241 LMH - Records

Based on record review and interview the facility failed to ensure that the Community Living Support Plan (CLSP) was updated for two out of 13 (#9 and #11) limited mental health samples residents. The facility Failed to have CLSP and agreement within 30 days of admission for one out of 13 (#10) limited mental health sampled residents.

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Findings included:
Record review on / showed Resident #9's health assessment (AHCA form 1823) dated / documented the following for the resident's medical history: Chronic ( ). The last annual CLSP was dated . Further record review revealed Resident #9 received ( ).
Record review found Resident #10 (admitted on /)'s health assessment (AHCA form 1823) dated / had the following diagnoses . The facility did not have agreement and CLSP on record for review. Further record review revealed Resident #10 received .
Record review found Resident # 11's health assessment (AHCA form 1823) dated revealed the resident had a history of mental health illness. The facility last agreement and CLSP was dated . Further record review revealed Resident #11 received .
During an interview on / at 12:58 PM the facility's Owner acknowledged the surveyor findings that the facility did not have the documents.
Class III

L243 LMH - Training

Based on record review and interview the facility failed to ensure that one out of six (Administrator) sampled staff received a minimum of 6 hours of limited mental health (LMH) training within six month of hire by or approved by the Department of Children and Families.
Findings included:
During record review / , the Administrator (hired on /) did have documentation that showed the staff received a minimum of 6 hours of LMH training within six month of hired.
During an interview on / 10:01 AM, the facility's Owner stated the Administrator on record should have all the training. She stated the Administrator will fax documentation. The Administrator LMH training was not available for review during survey.
Class III

Z814 Background Screening Clearinghouse

Base on record review and interview the facility failed to register with the clearinghouse and maintain the employment status of all employees within the clearinghouse.
Finding included:
Record review on / showed that the facility did not have Staff A (Administrator) hired on / , Staff B (caregiver) hired on / , Staff C (caregiver) hired on , Staff D (cook) hired on , Staff E (caregiver) hired on , and Staff F (caregiver) hired on listed on the employee roster. The facility did not registered Staff with background screening database clearinghouse.

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During an interview at the exit conferences on / , the facility's Owner acknowledged deficiencies found. She stated "I did not know that I need to register staff with the background screening database clearinghouse."
Unclassified

Z815 Backaround Screenina: Prohibited Offenses

Based on observation, record review, and interview the facility failed to have an eligible level II background screening for two out of six (Staff B and F) sampled staff prior to providing care and services to a census of 15 residents.
Findings included:
Observations on / at 8:15 AM found Staff F (caregiver) was at the west area of the facility near to # and Staff B was assisting residents with activities of daily living.
Record review on / showed Staff B and Staff F's personnel records did not have updated level II background screenings. Staff B's last screening was dated and Staff F's last screening was dated .
The background screening website showed Staff B and F most current status stated "a new screening is required."
During an interview on / at AM, the facility Administrator acknowledged that Staff B and F needed a new background screening.
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of an abbreviated biennial licensure survey that was concluded 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 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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