STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964986	**05/23/2016**
NAME OF PROVIDER OR SUPPLIER **MERRY ONE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1066 SW 141 COURT MIAMI, FL 33184**	

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

0000 Initial Comments

A Complaint (CCR#2016005279) Survey was conducted on , 2016. Merry One ALF (license #9594) had the following deficiencies identified at time of the survey:

0055 Medication - Storage and Disposal

Based on observation and interview the facility failed to ensure medications were centrally stored and kept in a locked area at all times.

Findings included:

During the facility tour on at 10:00 AM of the kitchen area and office found a pharmacy bag of medication for Resident #6 . It contained DN 30 mg tablets and 15 mg tab. Also, a prescription bag was found with two packs of Quentiapine 25 mg tablets and three packs of 1 mg tablets for Resident #2.

Interview conducted on at 11:00 AM Staff C stated, "Her husband just bought the medication for her this morning. The hospice bought these medications."

Class III

0079 Staffing Standards - Levels

Based on observations, record review, and interview the facility failed to have the minimum staff hours of 212 per week for a census of six residents.

Findings included:

Observation on at 9:15 AM found Staff B in facility alone with six residents. The Administrator and Staff C did not arrived to the facility until 9:50 AM.

Record review on of the staff schedule showed the following information:

Employee A from 7:00 AM 7:00 PM Monday through Friday
Employee B form 7:00 PM to 7:00 AM Monday through Friday
Employee C from 9:00 AM to 6:00 PM Monday through Friday
Employee D 7 AM to 7 AM Saturday & Sundays

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Interview on at 11:30 AM Staff C stated, "Staff D no longer worked here and has not been her since two month ago."

Record review on of the facility's staffing pattern could not show that the facility had a minimum of 212 hours per week for a census of six residents. The schedule reflects a total of 150 hours for the three staff members.

Class III

0093 Food Service - Dietary Standards

Based on observation and interview the facility failed to a 3 day supply of nonperishable foods on hand at all times for a census of six residents.

Findings included:

Observations on during tour found the emergency food closet at the facility had no fruit or food for a three day emergency food supply.
Interview on at 10:00 AM with Staff C stated, "Because it's the end of the month we usually buy it in the beginning of the month."
Class III

0160 Records - Facility

Based on record review and interview the facility failed to have one out of six (#6) sampled residents listed on the admission and discharge log.

Findings included:

Record review found the admission and discharge log did not have Resident #6 listed. Resident #6 was admitted on .

Interview with the Administrator on at 2:00 PM acknowledged Resident #6 was not listed after reviewing the log.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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Z813 Results of Screening & Notification in File

Based on record review and interview the facility failed updated Level II background screening paperwork for one out of three (B) sampled staff members.

Findings included:

Record review on found Staff B's background screening on file was dated / / . Record review of the background screening showed Staff B's last screening was dated / .

Interview on at 2:45 PM the Administrator verified finding after review of the employee record.

Unclassified

Z814 Background Screening Clearinghouse

Based on record review and interview the facility failed to ensure the employee roster was up to date.

Finding included:

Record review on at 9:15 AM of the staff schedule posted on the wall had Staff D listed. The background screening's clearinghouse for the facility roster had Staff D listed.

Interview with the Administrator on at 3:10 PM revealed Staff D quit about 2 months ago. The facility did not update the facility roster after Staff D quit.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Merry One Alf
1066 Sw 141 Court
Miami, FL 33184
RE: CCR #2016005279

Dear Administrator:

This letter reports the findings of a Complaint 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 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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