STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910578	R 05/11/2016
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 Revisit Survey was conducted on 05/11/16. Merci's Home Corp with Limited Mental Health (LMH) component had the following deficiencies found at the time of survey:

0010 Admissions - Continued Residency

Based on observation, record review and interview, the facility failed to ensure that 2 of 5(#1 and #2) sampled residents met continued residency requirements.
Findings included:
Observation on / at 8:40 AM found Staff G (caregiver) assisting Resident #1 transfer from the recliner chair to a wheelchair. Staff G called Staff D (caregiver) to lift Resident #1 from the chair. Resident#1 was unable to stand. Resident was transferred to the dining table on a wheelchair for breakfast, Staff G (caregiver) was observed feeding Resident #1. Staff G was observed placing the food in the resident's mouth with a spoon.
Resident #1's last health assessment (AHCA form 1823) dated showed that activities of daily living (ADLs) were the following assistance with ambulation "with walker 20 FT," bathing, dressing, self-care ( ), toileting, transferring "MOD assistance" and independent with eating.
During an interview on / at 8:40 Am Staff G stated Resident #2 was unable to transfer or eat on his own.
During an interview on / at 1:00 PM the facility's Administrator acknowledged deficiencies found. She stated "I promise that next time you will not find deficiencies." She stated "I call the doctor for the hospice referral."
During an interview on / at 8:51 AM Resident #4 stated "Resident #2 is a danger to residents." She stated that Resident #2 went to the hospital because he was aggressive to others. She stated that he took a knife from Resident #5's Resident #6 a Cuban lady, very brave took the knife out of his hands. She stated that facility call ambulance.
Record review showed Resident #2 was admitted to the facility on . Resident #2's progress note dated stated "we contact Resident #2's wife because he was we sent to the hospital for evaluation of his medication."
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 (POA) for 3 of 5(#1, #2, and #3) sampled residents.
Findings included:

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Resident #1 (admitted on /) agreement dated / was signed by Resident #1's wife. The facility did not have evidence of a POA, legal guardian or health care surrogate on record for review.
On / at 11:20 AM the facility's Administrator stated that she does not have power of attorney for the wife to signed documentation for Resident #1.
Record review found Resident #2 (admitted on) the admission agreement signed by Resident #2's wife. The facility did not have evidence of a POA, legal guardian or health care surrogate on record for review.
During an interview on / at 11:56 AM Resident #2 ' wife stated that she did have power of attorney at home that authorized her to signed documentation.
Record review found Resident #3 (admitted on /)'s informed consent for unlicensed staff to assistance with medications dated / and the agreement were signed by Resident #'s friend. The facility did not have evidence of a POA, legal guardian or health care surrogate on record for review.
Uncorrected Class III

L241 LMH - Records

Based on record review and interview, the facility failed to have an annual Community Living Support Plan updated for 1 of 5(#5) limited mental health samples residents.
Findings included:
Record review showed Resident #5's health assessment (AHCA form 1823) dated / had the following diagnosis Chronic ( ). Resident #5's last annual community living support plan was dated . Further record review showed Resident #5 received , ( ).
During an interview on / at 12:58 PM facility's Administrator stated "the documentation that I have on the resident's record is what I have." She stated "I thought that was corrected"
Uncorrected Class III

Z815 Background Screening: Prohibited Offenses

Based on observation, record review, and interview, the facility failed to have eligible level II background screenings for 2 of 6 (Staff B and F) sampled staff prior to providing care and services to a census of fifteen residents.
Findings included:
Observations on / at 8:20 AM, 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 showed Staff B (caregiver) and Staff F (caregiver)'s level II background screening stated "a new screening is required."
Review of the background screening website showed Staff B and F did not have eligible background

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screening results.
During an interview on / at 11:40 AM, the facility's Administrator acknowledged that the new background screening for both Staff B F showed that they needed a new screening. She stated the consultant did gives this and I thought that deficiencies was corrected. She stated they are going to the agency that did their background screening now.
Unclassified Deficiency

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11910578 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCI'S HOME CORP	4291 SW 9 TERRACE MIAMI, FL 33134

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0026	Correction	ID Prefix A0052	Correction	ID Prefix A0053	Correction
Reg. # 58A-5.0182(2) FAC	Completed	Reg. # 58A-5.0185 (3)	Completed	Reg. # 58A-5.0185(4) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0093	Correction	ID Prefix AL243	Correction	ID Prefix AZ814	Correction
Reg. # 58A-5.020(2) FAC	Completed	Reg. # 429.075(1) FS; 58A-5.0191(8) FAC	Completed	Reg. # 435.12(2)(b-d), FS	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
		6/20/16		
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON 3/17/2016

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

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 revisit survey conducted on , 2016by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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