STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910578	06/15/2016
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

A monitoring survey was conducted at Merci Home Corp (license 5193) in conjunction with an unlicensed activity complaint at 4279 SW 9th Terrace, Miami, Florida from to . Deficient practice was found at the time of the survey and a notice of unlicensed activity was delivered on .

0030 Resident Care - Rights & Facility Procedures

Based on observations, record review, and interview, the facility failed to ensure that physical were limited to half (1/2) bed rails for 1 of 6 (#6) sampled residents. The facility also failed to have signed consent forms for the use of 1/2 bed rails for 2 of 6 (#4 and #5) sampled residents.

Findings included:

The facility tour on at 10:05 AM found # with two bed bound residents, Resident #5 had 1/2 bed rails attached to the bed and Resident #7 had full bed rails attached to the bed. Further observations found Resident #6, bedbound resident with 1/2 bed rails attached to the bed, being bathe by hospice staff.

Record review showed Residents #5, #6, and #7 were receiving hospice services. Record review found Resident #5 and #6 had a 1/2 bed rail orders dated ; resident records did not have signed consent forms for the use of bed rails. Record review revealed Resident #7 did not have orders to have bed rails attached to the bed.

The findings were reviewed with Staff E (facility owner) on at 11:21 AM. Staff E acknowledged the facility did not have the signed consent forms for the use of bed rails and a bed rail order from hospice for Resident #7.

On Staff D faxed singed consent forms for Resident #5 and #6; also received was a bed rail order for 1/2 bed rails and a signed consent for Resident #7.

Class III

0031 Resident Care - Third Party Services

Based on observations, record review, and interview, the facility failed to coordinate with hospice services for 3 of 6 (#5, #6, and #7) sampled residents.

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Findings included:

The facility tour on at 10:05 AM found # with two bed bound residents, Resident #5 had 1/2 bed rails attached to the bed and Resident #7 had full bed rails attached to the bed. Further observations found Resident #6, bedbound resident with 1/2 bed rails attached to the bed, being bathe by hospice staff.

Record review found Resident #5's health assessment (dated / /) stated the resident was receiving hospice services, the resident required total care with all activities of daily living. Resident #5 had a crush medications order dated / , the residents assessment documented that assistance was needed with medication instead of medication administration.

Record review found Resident #6's health assessment (dated /) stated the resident was bed bound receiving hospice services. The resident's activities of daily living were listed as assistance was needed; the resident needed assistance with medication instead of medication administration. Resident #6 also had a crush medications order dated .

Record review found Resident #7's health assessment (dated /) stated the resident was receiving hospice services, the resident required total care with all activities of daily living. Resident #7's assessment documented that assistance was needed with medication instead of medication administration.

The facility did not have any documentation to show that they coordinated with hospice for Residents #5, #6, and #7's medication administration.

Interview with Staff E on / at 10:48 AM, Staff E stated the staff give the hospice residents crushed medications by spoon but the residents can not hold up the spoons.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to have proof of a negative examination documented on an annual basis for 3 of 5 (Staff B, F, and G) sampled staff.

Findings included:

On record review of Staff B, F, and G employee files found staff did not have proof of a negative

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examination documented on an annual basis. The last statement for Staff B was dated , Staff F was dated / , and Staff G was dated /

On at 11:15 AM Staff E acknowledged that staff did not have a current proof of negative examinations.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview, the facility failed to ensure that 1 of 5 (Staff K) sampled staff completed the minimum of 2 hours of continuing education training on providing assistance with self administered medications and safe medication practices in an assisted living facility.

Findings included:

On record review of Staff K's employee file revealed there was no documentation of the 2 hours medication training. The last medication training on file for Staff K was dated .

Interview on at 11:15 AM Staff E acknowledged the staff did not have the 2 hours continuing medication training.

Class III

0151 Phvsical Plant - Existina Facilities

Based on observations and interview, the facility failed to ensure that residents' living areas were not used as staff sleeping quarters.

Findings included:

The facility tour on / at 10:05 AM found a bed outside of resident # (in the hallway) and another bed outside of resident # (in the hallway). The first bed had mail for a staff member listed on the staff schedule.

Interview with Staff E on / at 11:21 AM revealed the beds were used for staff.

Class III

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Z827 Unlicensed Activity

Based on observation, interviews, and record review, the licensed provider, Merci Home Corp (license 5193), was found to be operating an unlicensed facility at 4279 SW 9th Terrace, Miami, Florida by providing 2 of 3 residents (Resident #2 and #3) assistance with the self-administration of medication and 3 of 3 residents (Residents #1, #2 and #3) support for activities of daily living including showering, toileting, dressing and .

Findings:

On at 10:15 AM in an interview with an investigator from another state agency at the licensed assisted living facility, the investigator stated it had been discovered Resident #1, #2 and #3 were living at an unlicensed facility next door to the licensed assisted living facility.

On at 10:35 AM in an interview with the owner (Staff E) of the licensed assisted living facility, the owner denied knowing who owned or operated the unlicensed facility next door to the licensed assisted living facility. The owner stated she does not know who owns or operates that unlicensed facility.

On at 10:45 AM while walking from the licensed assisted living facility to the unlicensed facility, it was observed that a single stockade fence joined both properties together. It was observed behind the stockade fence that a path way joined the two properties.

On at 10:50 AM in a tour of the unlicensed facility located at 4279 SW 9th Terrace, Miami, Florida, it was observed the facility had three residents (Resident #1, #2 and #3) living in different within the facility.

On at 11:05 AM in an interview with Staff F, Staff F stated she lived at the unlicensed facility located at 4279 SW 9th Terrace, Miami, Florida. Staff E stated she worked at the licensed assisted living facility for the owner.

On at 11:05 AM in a continued interview with Staff F, Staff F stated she was paid for working at the unlicensed location by free board. Staff F stated she is not related to Residents #1, #2 and #3. Staff F stated she provided assistance with activities of daily living for Resident #1, #2 and #3, by providing meals, showers, dressing, toileting and . Staff F stated she provided assistance with self-administration of medication to Resident #2 and #3.

On at 11:26 AM in an interview with Staff K, staff K stated she works at the unlicensed facility. Staff K stated she provided Residents #2 and #3 with assistance with self-administration of medication. Staff K stated she provides assistance with activities of daily living including toileting, showering, dressing and meals, for Resident #1, #2 and #3.

On at 11:26 AM in a continued interview with Staff K, Staff K stated she works for the owner at the licensed assisted living facility.

On at 11:40 AM in a tour of the unlicensed facility, medications for Resident #2, #3 and #4 was observed stored on the kitchen counter.

On at 11:46 AM in an interview with Staff F, Staff F stated the medication for Resident #4 was brought over from the licensed assisted living facility to use for Resident #3. Staff F stated Resident #4

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lives at the licensed assisted living facility.
On at 11:53 AM in an interview with Resident #3, Resident #3 stated she is not related to the staff at the unlicensed facility. Resident #3 stated the staff make her meals, help her take her medication, take showers and use the toilet.
On at 1:50 PM, an attempt was made to gain entry into the unlicensed facility. When no one answered the door, an attempt was made at the licensed assisted living facility and the owner answered the door and stated she would go to the unlicensed location and see what was going on. Within minutes the door at the unlicensed facility door was opened by the owner (Staff E).
On at 2:30 PM in an interview, at the unlicensed location with the owner (Staff E) and a representative from a second state agency that assists with placement of residents, the owner stated she was going to move Resident #2 to the licensed assisted living facility next door. The owner further stated she would contact the family of Resident #3 and have them come and pick her up from the unlicensed facility.
ON at 4:10 PM in an interview with the relative of Resident #1, the relative stated at times they made rent payments monthly for Resident #1 to live at the unlicensed facility directly to the owner (Staff E).
On at 10:11 AM in an interview with the owner (Staff E), the owner stated she rents the licensed facility from her ex-husband who owned both the licensed and unlicensed facilities.
On / , during a record review of the licensed assisted living facility work schedule, the work schedule revealed Staff F was assigned to work at the licensed assisted living facility.
On / at 8:26 AM in an interview with the owner (Staff E), the owner stated she pays the water and utility bills for the unlicensed facility from the rent collected from the residents at the unlicensed facility. The owner stated Resident #1 ' s son gives her money to help pay the water and utility bills at the unlicensed facility.
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 a monitoring 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. **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.

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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