STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964986	R
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) revisit survey was conducted on , 2016 and concluded on , 2016 at Merry One ALF (license #9594).The previous deficiencies were corrected at time of the survey but there were four new deficiencies found at the time of survey.

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for 1 of 2 (Employee A) sampled employees.

Findings included:

Record review revealed that Employee A was hired on ( ). The facility failed to have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for Employee A

Interviewed the Administrator on - at 2:00 PM, he stated that the employees new but shall have an appointment scheduled as soon as possible for her physical.

Class III

0079 Staffing Standards - Levels

Based on observation, record review, and interview the facility failed maintain a written work schedule that reflects its 24-hour staffing pattern.

Findings included:

Arrived to the facility on - at 10:10 AM found a caretaker alone with a census of five residents alone. On - at 10:15 AM the Administrator arrived to the facility.

The facility's staffing pattern showed on - Staff A 7 AM to 7 PM, Staff C 9 AM to 6 PM, and Staff B 7 PM to 7 AM.

On - at 2:00 PM reviewed with the Administrator in regards to the employee staffing hours and that staff members needed to be present at work at the times on the employee schedule for

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

2016.

Uncorrected Class III

0083 Trainina - First Aid and

Based on record review and interview the facility failed to ensure employees had First Aid and at all times.

Findings included:

Record review revealed that Employee A was hired on). Record review found Employee A did not First Aid and training.

Interviewed the Administrator on - at 2:00 PM, he stated that the employee has not been trained in First Aid and . The Administrator stated that Employee A shall be scheduled for the training.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview the facility failed to have 1 of 2 (Employee A) sampled employees trained in Assistance with Self-Administered Medication and Medication Management annually.

Findings included:

Record review revealed Employee A did not have documentation that the employee was trained in Assistance with Self-Administered Medication and Medication Management at the time of the survey. Employee's last training in this area was on

Interviewed the Administrator on - at 2:00 PM, he stated that the employee has not been trained in the areas for Assistance with Self-Administered Medication and Medication Management. The Administrator stated that Employee A shall be scheduled for the training.

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11964986 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRY ONE ALF	1066 SW 141 COURT MIAMI, FL 33184

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 A0055	Correction	ID Prefix A0093	Correction	ID Prefix A0160	Correction
Reg. # 58A-5.0185(6) FAC	Completed	Reg. # 58A-5.020(2) FAC	Completed	Reg. # 58A-5.024(1) FAC	Completed
LSC		LSC		LSC	
ID Prefix AZ813	Correction	ID Prefix AZ814	Correction	ID Prefix	Correction
Reg. # 59A-35.090(3)(c), FAC	Completed	Reg. # 435.12(2)(b-d), FS	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	
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
		9/1/16		
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 5/23/2016		☐ 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

[illegible], 2016

Administrator
Merry One Alf
1066 Sw 141 Court
Miami, FL 33184

Dear Administrator:

This letter reports the findings of a Complaint 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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Miami, FL 33166
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