STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968390	10/26/2016
NAME OF PROVIDER OR SUPPLIER **MERLOX HAVEN LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3151 GRANADA BLVD** **KISSIMMEE, FL 34746**	

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

0000 Initial Comments

A biennial re-licensure survey with Limited Nursing Services (LNS) was conducted at Merlox Haven, LLC assisted living facility, license #12291 on , , . Deficient practice was identified during the surveys.

0007 Admissions - Criteria

Based on record review and interview the facility did not ensure a resident admitted to the facility met the minimum criteria in order to be admitted for 1 of 2 sampled residents (1.)

Findings:

Record review for resident #1 revealed he was admitted to the facility on . Continued review revealed an undated health assessment form 1823 that indicated he posed a danger to self or others and could become aggressive at times.

In an interview on / at 2 PM the administrator stated the resident was assessed on 2016 and he was not aggressive.

Class III

0025 Resident Care - Supervision

Based on observation, record review, and interview, the facility failed to provide care and services appropriate to the needs of residents accepted for admission to the facility for 2 of 2 sampled residents (#1 & #5).

Findings:

1. On at 9:30 AM, the administrator said resident #5 received home health services for his . On at 10:15 AM, observation of resident #5 revealed he had a .

Review of his record revealed a health assessment form 1823 dated that listed a diagnoses of retention and and a health care provider order dated that read home health to clean daily every 24 hours or as needed if soiled, use daily, if

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968390	10/26/2016
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SUMMARY STATEMENT OF DEFICIENCIES
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present apply . There was no documented evidence the treatments were done.

On at 2:00 PM, the administrator said the home health agency did not provide notes of their visits. An opportunity was provided for her to obtain the notes from the home health agency and the local area office was notified to request notes from the home health agency. On at 1:57 PM, no documentation was received in the local area office from the home health agency.

During a phone conversation with the administrator on / at 7:30 PM, she said she received one note from the home health agency dated / and said she did not have any additional documented evidence the treatments were done.

2. Resident record review for resident #1 revealed a health assessment report dated / that listed diagnoses of , accident, , , and . According to the report he needed assistance with self- administration of medications.
Healthcare order dated indicated to decrease , medications, , 10 milligrams (mg), Amlodipne 5 mg, , 25 mg all to be taken daily and 50 mg to be taken twice daily.
Review of the resident's medications revealed a bubble pack dated for Amlodipne 5 mg quantity dispensed 30 pills. Observations noted that 3 pills from the bubble pack had been used.
The medication observation record dated 2016 listed Amlodipne 5 mg daily and was marked as given daily from to / .
In an interview on / at 1:30 PM with staff A, who stated he cut the Amlodipne 10 mg in half and gave the half- pill to the resident because he did not want to waste the medication.
Observations on at 1:30 PM of the Amlodipne 10 mg bubble pack noted the pills were not scored, therefore unable to be cut in half.
A pill that it is not score cannot be cut, as it would not be possible to determine if the resident go the correct dosage of the medication.
Class III

0032 Resident Care - Elopement Standards

Based on observations, interviews and record review the facility did not ensure, at a minimum, a daily

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968390	10/26/2016
NAME OF PROVIDER OR SUPPLIER **MERLOX HAVEN LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3151 GRANADA BLVD** **KISSIMMEE, FL 34746**	

SUMMARY STATEMENT OF DEFICIENCIES
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effort to determine that 1 of 2 sampled residents at risk of elopement resident (1) who was , had identification on his person that included his name and the facility's name, address, and telephone number.

Findings:

Observations on at 9 AM noted the resident slept on the sofa in the common area. His pants nor his shirt have pockets. He was .

In an interview on / at 9:45 AM with staff A, who stated resident #1 liked to go out. He went to the driveway and "we bring him back". He has never left to the street, that she was aware of.

In an interview on / at 10:45 AM with staff B, who stated resident #1 used to like to leave the facility but not anymore since the beginning of the year.

Observations on at 1:30 PM the resident was observed to walk in his pants on, he only had on a brief.

Resident record review for resident #1 revealed a facility note dated which indicated a telephone call received at 1 am, revealed the resident was missing from the facility 911 was called. The resident found by Sheriff at a friend's house sleeping. The resident was taken to local hospital at approximately 3:30 AM.
In an interview on at 2:30 PM with the administrator who stated the resident did not have identification on his person.
Observations on at 3:50 PM the resident was observed resting in the living , had a bowel movement and was not aware, until the administrator noticed it.

Class III

0054 Medication - Records

Based on observations, record review and interview the facility did not maintain a daily medication observation record (MOR) for 2 of 2 sampled residents (#1 & #5) who received assistance with self-administration of medications or medication administration.

Findings:

1. Resident record review for resident #1 revealed a health assessment report dated / that listed

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968390	10/26/2016
NAME OF PROVIDER OR SUPPLIER **MERLOX HAVEN LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3151 GRANADA BLVD** **KISSIMMEE, FL 34746**	

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

diagnoses of , accident, , , and . According to the report he needed assistance with self-administration of medications.
Healthcare order dated / indicated sliding scale 3 times daily: if sugar was less than 150 eat then 4 U; 151- 200= 6 U; 201-250=8 U; 251-300=10 U; 301-350=12 U and 351= 14 U.
Continued review revealed the 2016 medication observation record (MOR) did not list the sliding scale . The with sliding scale was listed on a separate sheet "glucose log". The log listed the date, sugar results and a number next to the sugar results. The log did not contain the initials and /or credentials of the staff who assisted or administered the medication or the time when the sugar and medication was given, it indicated before breakfast, before lurch and before diner.
In an interview on / at 1:30 PM with the administrator who said she did not know that the needed to be added to the MOR.

2. Record review for resident #5 revealed a health assessment 1823 form dated that listed a diagnoses of and he required assistance with self-administration of his medications.
Review of his 2016 and 2016 MOR revealed an entry for oral suspension 4 grams dissolve 1 packet in 6 ounces of liquid and take by mouth twice a day and was blank on 4/4, 4/7, , , , .
During an interview with the medication technician on / at 1:50 PM, he said "he didn't receive it because he was having ."
There was no documentation of the missed doses.
Review of the 2016 and 2016 MOR for resident #5 revealed an entry for 20 Milligrams (mg) 1 capsule by mouth daily before breakfast and was blank on , , / .
On at 1:50 PM, the medication technician did not provide an explanation.
Record review for resident #5 revealed a health care provider order dated for 50 mg 1 tablet by mouth every 6 hours for 7 days as needed for pain. Review of his 2016 MOR revealed an entry for 50 mg tablets take 1 tablet by mouth every 7 hours as needed for pain and was signed as given on through at 8 AM, 3 PM, 10 PM each day. In addition, it was signed as given on and at 8 AM. There was no documentation to indicate the resident requested the medication on these dates.
On / at 1:50 PM, the administrator and medication technician confirmed the findings.
Review of the 2016 MOR for resident #5 revealed an entry for 50 mg tablets 1 tablet every 6 hours as needed for pain for 28 days and was signed as given from 10/1 through 10/9 at 8 AM, 2 PM, 8 PM. Review of his record revealed no evidence of a health care provider order for this medication.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968390	10/26/2016
NAME OF PROVIDER OR SUPPLIER **MERLOX HAVEN LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3151 GRANADA BLVD** **KISSIMMEE, FL 34746**	

SUMMARY STATEMENT OF DEFICIENCIES
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On / at 4 PM, the administrator confirmed the absence of a health care provider order and said she spoke with the pharmacy and health care provider who both confirmed there was only the original prescription dated /.
During a phone conversation with the administrator on at 10:15 AM, she said she reviewed the records and the " was duplicate charting". "They wrote the new MOR and duplicated the entry."

Class III

0055 Medication - Storage and Disposal

Based on observations, record review and interview the facility failed to ensure discontinued medications were stored separately from medication in current use and that expired medications were disposed of within 30 days of being determined expired for 1 of 2 sampled residents (#1).
Findings:
Observations of the medications for resident #1 revealed they were kept in a locked cabinet in the kitchen. The medications were kept in 2 plastic baskets. Review of the medications on the basket noted 14 bubble packs of medications that included: 5 packs 100 milligrams (mg), 2 packs 20 mg, 1 pack of 50 mg, 4 packs of and 2 packs of 10 mg, not labeled "discontinued ".
Prescription label dated indicated 650 mg and expired / and was mixed in with other meds.
In an interview on at 1:30 PM with staff B who said he had not labeled the medications discontinued because he was not sure he could do so. He had not realized the had expired.
Class III

0056 Medication - Labeling and Orders

Based on record review and interview the facility did not make every reasonable effort to ensure that a prescription for 1 of 2 sampled residents (#5) who received assistance with self-administration of medication was filled in a timely manner.
Findings:
Resident record review for resident #5 revealed he was admitted to the facility on /. His health assessment report 1823 dated / listed a diagnoses of and that he required assistance with self-administration of his medications. Review of his 2016 and 2016 Medication Observation Records (MOR) revealed an entry for D International Units (IU) 50,000 take one capsule by mouth once a week and were blank on / / and /.
During an interview with the medication technician on at 1:50 PM, he said the MOR was blank

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968390	10/26/2016
NAME OF PROVIDER OR SUPPLIER **MERLOX HAVEN LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3151 GRANADA BLVD** **KISSIMMEE, FL 34746**	

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

on and because the medication was unavailable.
There was no documented evidence the facility made efforts to obtain the medication.
Class III

0081 Training - Staff In-Service

Based on personnel record review and interview the facility failed to have evidence that 1 of 3 sampled staff (C) received the required in-service training within 30 days of hire.

Findings:

Personnel record review for Staff C, a home health aide, revealed she was hired on . Continued review revealed a certificate of completion dated for the following topics:

Reporting major and adverse incidents, facility emergency procedures, resident rights, , neglect, and , safety food handling, and elopement.

There was no evidence in the record to indicate Staff C received her training within 30 days of hire, as required.

On at 3:40 PM, the administrator said staff C did not have the required training until because "I thought the certificates she provided when she was hired was sufficient."

Class III

0083 Training - First Aid and

Based on personnel record review and interview, the facility failed to ensure a staff member was certified in ( ) from a course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health for 1 of 3 (C) sampled staff.

Findings:

Personnel record review for staff C revealed she was hired on in the capacity of a home health aide. Continued review revealed a card issued by an online company on , expiration date of , which was not an accredited college, university or vocational school; a licensed hospital; the

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SUMMARY STATEMENT OF DEFICIENCIES
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American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health. Review of the 2016 staff schedule revealed staff C worked alone on 10/1, 10/8, 10/9, , , , .

On / at 3:40 PM, the administrator confirmed staff C had only the online card in her personnel file.

Class III

0090 Training -

Based on personnel record review and interview the facility failed to have evidence that 1 of 3 sampled staff (C) received the required in-service training on the facility's policies and procedures regarding ( ) within 30 days of hire.

Findings:

Personnel record review for Staff C, a home health aide, revealed she was hired on / . Continued review revealed a certificate of completion dated for 1 hour of .

There was no evidence in the record to indicate Staff C received her training within 30 days of hire, as required.

On at 3:40 PM, the administrator said staff C did not have the required training until because "I thought the certificates she provided when she was hired was sufficient."

Class III

0093 Food Service - Dietary Standards

Based on record review and interview, the facility failed to date and plan menus at least one week in advance for both regular and therapeutic diets.
Findings:
Review of the dietary menus revealed four week cycled menus with weekly dates documented on the back of each menu. There were no menus indicated for the weeks of / through / and through . There was no evidence the dates were documented in a different location.
During an interview with the administrator on at 1:40 PM, she said "I don't see those."
Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968390	10/26/2016
NAME OF PROVIDER OR SUPPLIER **MERLOX HAVEN LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3151 GRANADA BLVD** **KISSIMMEE, FL 34746**	

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0161 Records - Staff

Based on record review and interview, the facility failed to ensure the personnel record for 1 of 2 sampled staff contained employment references (C).

Findings:

Review of the personnel record for staff C revealed an application for employment with a section for references and it was blank. Continued review of the record revealed no evidence the references were documented elsewhere.

On at 3:40 PM, the administrator said there were no references.

Class III

0167 Resident Contracts

Based on record review and interview the facility failed to ensure 1 of 2 resident contracts (#1) reviewed contained all the required information.

Findings:

Resident record review for resident #1 revealed a resident contract dated . The review revealed the contract did contain a list of any additional services (Limited Nursing Services) and charges to be provided that were not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule that must be attached to the contract;

In an interview with the administrator on at 2:30 PM who stated, the contarct was overlooked and he was not on LNS.

Class

Z821 Reporting Requirements: Electronic Submission

Based on facility and resident record review and interview the facility failed to ensure an adverse incident report was submitted to the Agency.

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968390	**10/26/2016**
NAME OF PROVIDER OR SUPPLIER **MERLOX HAVEN LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3151 GRANADA BLVD** **KISSIMMEE, FL 34746**	

SUMMARY STATEMENT OF DEFICIENCIES
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Resident record review for resident #1 revealed a facility note dated / which indicated telephone call received at 1 am, resident missing from facility, 911 was called. Resident found by Sheriff at a friend's house sleeping. Taken to local hospital at approximately 3:30 AM.
In an interview on at 2:30 PM with the administrator who stated she did not submit adverse report because the resident was found.
Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Merlox Haven Llc
3151 Granada Blvd
Kissimmee, FL 34746

RE: Relicensure w/LNS

Dear Administrator:

This letter reports the findings of a state 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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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