STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966979	11/04/2016
NAME OF PROVIDER OR SUPPLIER **MERY ALF 2010 CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **3259 SW 141 AVENUE** **MIAMI, FL 33175**	

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

0000 Initial Comments

A Complaint Survey CCR#2016011328 was conducted on 26, 2016. Mery ALF 2010 Corp. (AL#11089) with a standard license had deficiencies identified at the time of the survey.

0010 Admissions - Continued Residencv

Based on observation, record review, and interview the facility failed to have an accurate health assessment for one of seven sampled residents (Resident #4).

Findings included:

Record review of Resident #4's record revealed that his last health assessment was completed on and stated that the resident requires total assistance with his activities of daily living.

On at 12:15 pm Resident #4 was observed at lunch time feeding himself; also the resident was observed turning and accommodating himself in bed.

The facility administrator stated on / at 1:40 pm that the resident has always fed himself; but that he requires total help with the rest of his activities of daily living because he has right side secondary to a accident ( ).

Class III

0025 Resident Care - Supervision

Based on record review and interview, the facility failed to offer personal supervision to meet the needs of a one of seven sampled residents (Resident #2) that required daily observation and failed to maintain the general awareness of one of seven sampled residents (Residents #2) whereabouts, who was reported to law enforcement as missing from the facility twice. This resulted in the resident being away from the facility for days. The facility failed to assess appropriately for changes in conditions for one of seven sampled residents (Resident # 1) who was admitted to the hospital.

Findings included:

1. During tour of the facility on at 8:05 am, Staff B stated that Resident #2 left the facility on Monday ( ) and had not come back. Staff B further stated that they had notified the police and the guardian.

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Review of the health assessment completed on 08/16/16 revealed that he had diagnoses of diastolic hematoma and . The resident's health assessment also stated that he eloped from the assisted living facility and he is at risk of elopement.

Review of the facility's elopement policies revealed that the residents are supposed to be assessed for risk of elopement at the time of admission and as needed. The facilty had a tool completed for Resident #2 dated which stated the resident did not have a history of wandering or elopement. After the first elopement on / the resident was not assessed for risk of elopement. Record review found the last progress note in Resident #2's record was dated / . The facilty did not have any documentation regarding Resident #2 leaving the facility and them not knowing his whereabouts.

The Administrator reported on at 9:52 am that Resident #2 gets disoriented at times and that he had gone to a local pharmacy around 5 pm (on) and did not come back to the facility. She also stated that she waited three hours to call the police because she had been instructed by the resident's guardian to wait three hours.

Review of Resident #2's medications revealed that he took: Donezepil 5 mg at bedtime (for mild to moderate related to), Rosuvastatin 5 mg at bedtime (to lower), 2.5 mg daily (for high), 1 mg daily (to treat folate deficiency), DR 40 mg daily ( ) and 5 mg twice a day ( ). The last day the resident took his medications was on .

On at 10:10 am the Administrator stated that she had given Resident #2 $20 on Monday ( ). She also reported that the legal guardian had told her to give the resident money little by little because of his history of . She stated that the resident had gotten money the previous time on when he disappeared.

The Administrator stated on at 12:05 pm that Resident #2 had eloped already once on and was found by the police in an area close to downtown on and the police brought Resident #2 back to the facility. The distance from the facility to the area where the resident was found is 20 miles.

On Friday at 11:58 am the Administrator stated Resident #2 still had not been found or returned to the facility.

On Friday at 2:08 pm Resident #2's case manager stated that Resident # 2 had a history of elopement. He reported Resident #2 had disappeared from another assisted living facility. He stated

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that the resident would disappear every weekend that he had money to go drink and that he used to get violent with the staff. The case manager also stated, "on 08/03/16 the other facility filed a missing person report. I spoke to his legal guardian regarding this problem and she stated that she would place him at a nursing home."

2. Record review found Resident #1 was admitted to the hospital on / . Resident #1's progress note dated stated that the resident had declined from prior level of functioning and was staying most of the time in bed. A progress note dated / stated Resident #1 had at the hospital. The faciltiy did not have detailed documentation about the residents further decline in condition and transfer to the hospital. There was not documentation that the doctor was contacted regarding Resident #1's change in condition.

Hospital record review of Resident #1 revealed that Resident #1 was admitted to the hospital on with and . Her count was 25.4 and the normal range is 3.6 to 11.0. The resident had a inserted and the was (consisting of, containing, or discharging pus). In the initial assessment is stated that the patient had dryness and flaky skin that peels with light contact; open with blackish discoloration, also noted to sacral area also with blackish discoloration, also noted to sacral area also with blackish discoloration " Also states, " diffuse scaly consistent with , tissue on upper and lower back with bloody discharge and associated . " Another note states: " , poor skin , , diffuse , with skin covering the majority of the chest, back, abdomen and all extremities. Back with covered with xeroform dressing. "
A registered nurse from hospice stated on at 2:06 pm, "I saw Resident #1 the same day that she was sent to the hospital. When I got there she was difficult to arouse, . Her , was low but she had no or any signs of (low is a sign of). She did not have a signed and I called the family so the family decided to send her to the hospital. She had an exacerbated and that day her back was irritated because of her , . She had flares, sometimes her arms would be really bad and other times it would be her back. She was being treated with Embrel and creams and she was getting cream on her ; but there were no . I was seeing her once a week and that week I changed the frequency to twice because her was really bad. "

On / at 1:08 pm the medical assistant for Resident #1's doctor stated, "the last time we saw Resident #1 was on , 2016 and she had no . She had red , from the , . Those were covered by scales that were easy to off the skin. She had those on her back, her abdomen, , arms and her thighs; any area that was touched by her

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clothes. The ones on her back were the biggest and they were the size of a quarter; the rest looked like a . She never had , . Her would become irritated but never or . She was getting treatment. "

Class II

0056 Medication - Labeling and Orders

Based on observation, record review, and interview the facility failed to make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication are filled or refilled in a timely manner for one of seven sampled residents (Resident # 2).

Findings included:

On at 11:30 am the facility's Administrator stated, "Resident #2 ran out of medications on Saturday; the pharmacy was closing at 5 pm on Friday and did not open on the weekend so they did not send the refills; the doctor had ordered the refills and the pharmacy that we use closes on Saturday and Sunday and they did not send the medications on Monday."

Review of Resident #2's medication observation record revealed that the last day the resident received his medications was on / .

Class III

0160 Records - Facility

Based on record review and interview the facility failed to keep an up-to-date Admission/ Discharge log.

Findings included:

Review of the Admission/Discharge log revealed that Resident #6 was not listed in the admission/discharge log and Resident #7 was listed but was no longer in the facility.

The facility's Administrator stated on at 9:55 am that Resident #6 was not in the admission/discharge log because he had been admitted the night before and that Resident #7 had been discharged from the facility and was not coming back because she had declined and was in a skilled facility.

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Class III

0162 Records - Resident

Based on record review and interview the facility failed to have a demographic sheet and the informed consent for assistance with self-administration of medications for one of seven sampled residents (Resident #6).

Findings included:

Record review of Resident #6's record revealed that he had no demographic sheet, his contract was not signed, and his informed consent for assistance with self-administration of medications was also not signed.

On at 9:52 am the facility's Administrator stated, "Resident #6's is under guardianship program and his legal guardian is coming today to sign everything because he was admitted last night at 10:34 pm."

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and interview the facility failed to report an adverse incident to agency for one of seven sampled residents (Resident #2) that eloped twice.

Findings included:

Record review revealed that Resident # 2 was admitted to facility on / . Record review also revealed that there were two police reports regarding Resident #2; one was filed on / and the other was filed on .

Review of the incident report web site revealed that there was no incident report filed.

On the facility's Administrator stated on / at 9:52 am that she did not know that she had to file an incident report with the Agency for Health Care Administration (AHCA) and that she had notify the police and the legal guardian. She stated that the resident gets disoriented at times.

Class III

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0167 Resident Contracts

Based on observation, record review, and interview the facility failed to have an executed contract between the facility and two of seven sampled residents (Resident #2 and #6).

Findings included:

During tour of the facility on at 8:05 am Staff B stated that # was occupied by Residents #2 and that Resident #6 had been admitted the night before.

Resident #6 was observed lying in bed in # .

Record review of Resident #2's record revealed that he had been admitted to the facility on / ; and his contract was not signed and did not have the monthly amount listed. Record review revealed Resident #6 had no contract.

On the facility's Administrator stated that Resident #2 is under guardianship program and that she had sent the contract and all other documents to his case manager per instruction of the legal guardian and that the case manager had not returned the signed contract to the guardianship program to be signed and has not been sent back to the facility.

On at 9:52 am: the facility's Administrator stated, "Resident #6's is under guardianship program and his legal guardian is coming today to sign everything because he was admitted last night at 10:34 pm."

Class III

L243 LMH - Training

Based on record review and interview the facility failed to ensure that an employee that is in direct contact of mental health residents receive a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses within 6 months after being hired for one of three sampled employees (Staff C).

Findings included:

Record review of Staff C's record revealed that she was hired on . Also revealed that there was no limited mental health training.

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The Administrator stated on at 12:02 pm that Staff C has an appointment soon to take the initial limited mental health training.
Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Mery Alf 2010 Corp
3259 Sw 141 Avenue
Miami, FL 33175
RE: CCR #2016011328

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. **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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Mery Alf 2010 Corp
, 2016

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact . Laura Manville, Survey and Certification Support Branch, at (727) 552-1955 Verlande Exil, Health Facility Evaluator Supervisor, Miami, (305) 593-3100

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve

D7JR

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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Mery Alf 2010 Corp
3259 Sw 141 Avenue
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a complaint (CCR #2016011328) inspection survey conducted on and concluded on / , by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC).

The inspection resulted in findings of non-compliance in the following areas:

St - A - 0025 - 429.26(7) Fs; 58a-5.0182(1) Fac - Resident Care - Supervision S-S= Class II

Directed Corrective Actions:

1. The facility shall conduct an assessment of wandering/elopement risk on all residents as per the facility's Wandering/Elopement policy. These assessments shall be kept in resident records, on file at the facility and available for the agency review. This shall be completed by .

2. The facility shall complete in-service training for all staff, including owners and others involved in operating the facility, regarding resident supervision as it pertains to Florida Administrative Code 58A-5.0182(1), wandering/ elopement risk. The training shall include elements which instruct staff on how to remain knowledgeable about the daily census of the facility and the resulting, specific resident needs; how to maintain awareness and documentation of the whereabouts of all residents. The training documentation shall be kept on file at the facility and available for review by the Agency. This shall be completed by /_____.

3. The facility shall maintain a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. The facility shall also have a log of residents who had changes in condition and what steps were taken by the facility. This shall be completed by .