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 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 , 2017.**

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/sb
Enclosure

BBT7

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966979	R 11/28/2016
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 revisit Survey CCR#2016011328 was conducted 28, 2016. Mery ALF 2010 Corp. (AL#11089) with a standard license had deficiencies identified at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview the facility failed to discharge a resident that is not appropriate for placement in an assisted living facility for one out of 6 sampled residents (Resident #).

Findings included:

Record review revealed that Resident # 2 has eloped from the facility 3 times in the past 2 months; on / / and / /.
On / / at 11:30 am the facility administrator stated that Resident # 2 asked for permission to leave the facility on Sunday 20th and he has not come back since; it was reported to the police on / / ; she also stated that the resident legal guardian and herself went looking for him in two separate cars to the places that he likes to go to drink and they could not find him. She also stated that the resident asks for permission to leave but he refuses to let her know where he goes and that he gets together with his homeless friends in the downtown to drink for 7 to 10 days at a time.
Uncorrected Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview the facility 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 three times.

Findings incuded:

Review of Resident # 2 record revealed that there was a police report dated / / .

On / / at 11:30 am the facility administrator stated that Resident # 2 asked for permission to leave the facility on Sunday 20th and he had no come back since and she reported it to the police on / / ; she also stated that the resident legal guardian and herself went looking for him in two separate cars to the places that he likes to go to drink and they could not find him. She also stated that the resident asks for permission to leave but he refuses to let her know where he goes and that she told him that she would have to give him a 45 days ' notice because she needs to know his whereabouts he begged her not to discharge him; she also spoke to his legal guardian and she told her not to discharge

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

him. She also stated that the resident asks for permission to leave but he refuses to let her know where he goes and that he gets together with his homeless friends in the downtown to drink for 7 to 10 days at a time.
Uncorrected Class II

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11966979 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MERY ALF 2010 CORP	3259 SW 141 AVENUE MIAMI, FL 33175

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 A0056	Correction	ID Prefix A0160	Correction	ID Prefix A0162	Correction
Reg. # 58A-5.0185(7) FAC	Completed	Reg. # 58A-5.024(1) FAC	Completed	Reg. # 58A-5.024(3) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0165	Correction	ID Prefix A0167	Correction	ID Prefix AL243	Correction
Reg. # 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC	Completed	Reg. # 58A-5.025 FAC	Completed	Reg. # 429.075(1) FS; 58A-5.0191(8) FAC	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
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE 12/12/16	TITLE HFES	DATE

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
11/4/2016	