STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964986	**05/01/2017**
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 Standard Biennial Survey was conducted on , , 2017. Merry One License #9594 had the following deficiencies identified at time of the survey.

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

Based on observation and record review, the facility failed to record the results of a face-to-face medical examination on AHCA Form 1823 for 2 of 6 sampled residents (Residents #1 & #5). Specifically, the health care provider omitted information pertaining to the residents' ability to perform activities of daily living and self-care tasks.

Findings include:

A review on of Resident #1 and #5's health assessments, dated , revealed that there were no checkmarks in the independent, needs supervision or needs assistance columns to indicate the residents' ability to perform activities of daily living and self-care tasks. Documentation in the comments section stated, "Patient under hospice care".

In an observation of Resident #1 on . . . at 11:45 AM, the resident was able to feed herself with supervision.

Class III

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

Based on observation and record review, the facility failed to ensure 1 of 6 sampled residents (Resident # 1) who had . , . . . precaution was properly assessed by qualify staff.

Findings include:

In an observation of Resident #1 on . . . at 11:45 AM, Staff D was spoon-feeding a puree meal to Resident #1 while the resident was sitting up in her bed and Staff D did not provide enough time for the resident to swallow each spoonful before inserting another spoonful into the resident's mouth. In an observation at this time, Resident #1 began coughing, while indicating with hand motions that she did not want another spoonful, and then repeatedly said, "wait" and "I can't". Resident #1 pointed to the glass of water on her bedside tray and Staff D handed the resident the glass. The glass of water observed was clear, without thickener. After resident #1 drank water, Staff D handed the resident the spoon and the resident was able to feed herself at this time.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964986	05/01/2017
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)

A review on of Resident #1's health assessment, dated , documented that Resident #1 had an , precaution.

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation, record review, and interview, the facility failed to have an activities calendar posted.

Findings included:

Observations on at 9:00 AM during the tour found a activities calendar for , 2017 posted in the facility.

Interview on at 3:30 PM Staff E acknowledged the current calendar was not posted.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, record review, and interview, the facility failed to maintain daily medication observation records (MORs) for each 1 of 6 (Resident #4) sampled residents who receives assistance with self-administration of medications.

Findings included:

Medication observation on at 3:00 PM found Resident #4's received medications from Staff E.

Record review found Resident #4's MORS did not have 1 mg tab, 1 gm, and , 15 mg tablets at 3 PM listed.

Interview on at 3:00 PM with Staff E after review of file, staff acknowledged the MORs did not have the medications listed.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964986	05/01/2017
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)

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observations and interview, the facility failed to keep centrally stored medications locked up at all times.

Findings included:

A tour conducted on at 9:00 AM found unlocked medication on the door of the refrigerator. Inside of the refrigerator contained a pack of 650 mg suppositories that belonged to Resident #6 unlocked.

Interview on at 3:30 PM staff confirmed the finding after it was shown to her.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observations, record review, and interview, the facility failed to have a written work schedule which reflects its 24 hour staffing period.

Findings included:

Observations and record review on at 9:00 AM found the facility's staff schedule posted on the wall for the month of 2017. There was no schedule available for review for the month of 2017.

Interview on at 3:30 PM with Staff E acknowledged the current staff schedule was not posted.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review, and interview, facility failed to have a menu updated and reviewed annually by a licensed dietician. The facility failed to have 3-day supply of non-perishable food.

Findings included:

Observation on at 9:00 AM found the facility's menu was last reviewed on (expired on) posted on the refrigerator the kitchen where resident can not access. During tour staff was unable to show the emergency food supply.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964986	**05/01/2017**
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)

Lunch observations on . . . . . at 12:00 PM the residents are served white rice, egg omelet, brown beans, salad with onions, tomatoes, and sweet peas, pudding, and a cup of water.

The facility had no records of menus for the last six months to review and no proof of an approved menu by a licensed dieticians.

Interview on . . . . . at 3:30 PM with Staff E acknowledged the current menus were no available.

Class III