| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910578 | 08/23/2017 |
| NAME OF PROVIDER OR SUPPLIER<br>**MERCI'S HOME CORP** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4291 SW 9 TERRACE**<br>**MIAMI, FL 33134** | |

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

**0000 - Initial Comments**

A Complaint Survey (CCR #2017006477) was conducted on , 2017. Merci's Home Corp. (License #5193) with Limited Mental Health component had deficiencies identified at the time of the survey:

**0004 - Licensure - Requirements - 58A-5.016 FAC**

Based in record review and interview the facility failed to keep a copy of the annual fire safety inspection.

Findings included:

Review of the fire inspection posted on the dining that it had expired on the last day of 2017.

Staff B stated on at 9:40 AM, "I did not see that it was expired."

On at 1:58 PM the owner stated, "The fire Marshall already did the inspection but did not send the report."

Class III

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

Based on observation, record review, and interview the facility failed to post an up-to-date activities calendar.

Findings included:

During tour of the facility on at 8:37 AM observed that there were two activities calendars posted in a bulletin board in the dining .

Review of the two activities calendars revealed that one was for the month of and the other one was for the month of . The facility did not have an activities calendar for the month of .

On at 10:26 AM Staff B called the facility's owner and told her, "You also need the activities calendar for ."

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910578** | **08/23/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MERCI'S HOME CORP** | **4291 SW 9 TERRACE MIAMI, FL 33134** |

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

**0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS**

Based on observation and interview the facility failed to provide a safe and decent living environment for the residents.

Findings included:

During tour of the facility on at 8:35 AM observed three boxes of sanitary paper in the dining ; there was a broken dishwasher and a broken cabinet in the Florida . In the kitchen, one of the doors under the sink had a missing piece and had brownish stains and there were two cracked tiles. Between 6 and 7 there was a space with a sofa, a TV and a stereo and there was a big piece of wall missing and the pipes could be seen. The door that opened to the patio was stained. There were cigarettes butts, unused strips, and chairs scattered all over the backyard. There was a commode at the end of the backyard and one resident was sitting in it smoking.

On at 9:10 AM a Staff C stated, "The patio is like that because the residents put the things how they want to."

On at 10:35 AM Staff B stated, "I am going to start cleaning and picking up everything that you found and observed her braking the boxes and throwing them in the garbage. At 11:15 AM she stated, "My cousin said that she will get someone to come and pick up the dishwasher and the cabinet today."

Class III

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

Based on record review and interview the facility failed to keep a written work schedule that reflects its 24-hour staffing pattern for a given time period.

Findings included:

Review of the staffing schedule that was posted on the dining that it was for the month of . Staff D was not listed.

Staff D stated on at 10:25 AM, "I started about one or 2 weeks ago."

Staff B called the facility's owner on the phone on at 10:30 AM and told her, "The staffing that you have posted is from . You need to bring the one for ."

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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| NAME OF PROVIDER OR SUPPLIER<br>**MERCI'S HOME CORP** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4291 SW 9 TERRACE**<br>**MIAMI, FL 33134** | |

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

Class III

**L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC**

Based on record review and interview the facility failed to provide a documentation of the Limited mental Health training for 1 out of 8 sampled employees (Staff A).

Findings included:

Review of the administrator's personnel record revealed that the Administrator was hired on . Record review revealed that there was no copy of the Limited mental Health training certificate within 6 months of employment.

Staff B stated on at 11:28 AM that she will ask the Administrator for the certificate.

Class III