STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969003	**05/08/2018**
NAME OF PROVIDER OR SUPPLIER **MERRILL SOLIVITA AT SOLVITA MARKETPLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4600 MARIGOLD AVE** **KISSIMMEE, FL 34758**	

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

0000 - Initial Comments

The re-licensure survey with a capacity increase was conducted on , 2018. Merrill Gardens at Solivita Marketplace, license #12834, had deficiencies at the time of the survey.

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview, the facility failed to have a satisfactory fire safety inspection.

Findings:

Review of the facility's application for its license renewal, dated , revealed the facility applied for a capacity increase of 41.

Review of the facility's most recent satisfactory fire safety inspection revealed it was conducted on .

On at 3:45 pm, the administrator confirmed the findings and said a fire inspection was not conducted for the capacity increase.

Class III

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on observations, interviews and record review the facility admitted 1 of 3 residents (#13) who exceeded residency criteria.

Findings:

Observations on at approximately 1:30 PM of resident # 13 noted she sat in a wheel chair, slanted to the right. She said she did not feel good. Her right hand was contracted and her left foot was turned inward. The staff present in the the resident was unable to pivot or assist with activities of daily living.

In a family interview on at 1 PM, the resident's son in law said the resident was unable to transfer, so the facility was moving her to memory care, where she could get more care/attention.

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Resident record review for resident # 13, admitted on revealed a health assessment report 1823 dated , that listed diagnoses of and . According to the health assessment, she was non- ambulatory. Facility note dated indicated she needed total care with transfers with 2 staff needed, was of , to left upper extremity. Facility note dated indicated total care given out of bed to wheelchair.

In an interview on 5/8//18 at 2 PM with the nursing supervisor, who offered no comment.

Class III

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview the facility failed to ensure 3 of 3 sampled residents (3, 9 & 13) had a completed health assessment that addressed all the required information.

Findings:

1. Resident record review for resident #13 revealed she was admitted to the facility on . Continued review revealed health assessments report 1823 dated . The health assessment did not address the resident's dietary needs; that portion of the assessment was blank.

In an interview on at 3 PM with the Director of Nursing, who said the form was overlooked.

2. Record review for resident #9 revealed her resident health assessment form 1823 dated , the health care provider did not document the type of diet the resident required and the type of assistance she required with her medications. Both of those sections were left blank.

On at 2 PM, the health service director confirmed the finding.

3. Resident #3's record indicated an admission date of . A single undated health assessment form 1823 was not the Agency recommended form and was not dated to determine whether the form was an approved version and the section that pertained to how much assistance the resident required with medications was not answered.

On at 3:10 pm, the health services director confirmed findings.

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Class III

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

Based on record reviews and interview, the facility failed to ensure an interdisciplinary care plan was developed for 1 of 1 sampled resident (#9) who received Hospice services.

Findings:

On . . . . at 9:30 AM, resident #9 was identified as receiving hospice services.

Record review for resident #9 revealed she was admitted to hospice services on . . . . and there was no documentation to confirm that a hospice interdisciplinary plan was developed at the hospice admission in consultation with the facility that specifies the services being provided by hospice and those being provided by the facility.

On . . . at 2 PM, the health service director confirmed the findings.

Class III

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

Based on observations, record reviews, and interviews, the facility failed to honor the rights of 1 of 12 sampled residents (#3).

Findings:

On . . . . at 10:22 am, observations revealed resident #3 entered her unlocked . . .

Observations made while in the resident's . . . . . bottles of Co Q10, Fish Oil, and . . D3 were present on a table.

When questioned further about the medications being unsecured, the resident said she did not lock her . . . . because the facility did not allow her to have a key.

On . . . . . at 10:36 am, nurse F confirmed the medications were in the resident's . . . , said she did not know the medications were in there, and said the facility was supposed to be making the resident a

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key.

On at 11:25 am, the health services director said the residents who lived in memory care were not given a key to their .

Resident #3's record did not contain documentation to indicate the facility had an acceptable reason not to provide the resident with a key to her .

Class III

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

Based on observations and interviews, the facility failed to ensure that centrally stored medications were properly secured.

Findings:

On at 10:22 am, observations revealed resident #3 entered her unlocked .

Observations made while in the resident's bottles of Co Q10, Fish Oil, and D3 were present on a table.

When questioned further about the medications being unsecured, the resident said she did not lock her because the facility did not allow her to have a key.

On at 10:36 am, nurse F confirmed the medications were in the resident's , said she did not know the medications were in there, and said the facility was supposed to be making the resident a key. In addition, she said the facility assisted the resident with her medications and centrally stored them.

On at 11:25 am, the health services director said the residents who lived in memory care were not given a key to their .

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record reviews and interview, the facility failed to ensure 4 of 4 staff (A, B, C, and D) submitted

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a written statement from a health care provider documenting freedom from communicable . . . . . within 30 days after beginning employment.

Findings:

The personnel records for caregivers A, B, and C revealed hire dates of . . . . .

The personnel record for the administrator (staff D) revealed a hire date of . . . . .

Not all of the personnel records contained a written statement from a health care provider documenting freedom from communicable within 30 days after beginning employment.

On at 4 pm, the administrator confirmed the findings.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on personnel record reviews and interview, the facility failed to ensure that 4 of 4 sampled staff (A, B, C and D) received the required in-service training within 30 days of hire.

Findings:

Personnel record review for staff A, B, C all caregivers and staff D the administrator all hired more than 30 days, revealed there was no documentation to confirm they had received an in-service training's regarding the facility's resident elopement response policies and procedures.

The training that was located in their record was received on-line and there was no evidence that the training included the facility's elopement response policies and procedures.

On . . . . , the administrator confirmed the findings.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on personnel record reviews and interview, the facility failed to ensure 4 of 4 sampled staff (A, B, C, and D) received /attended at least one hour of training in the facility's policies and procedures

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regarding ( ) within 30 days after employment.

Findings:

Individual personnel record review for staff A, B , C. and D, all hired more than 30 days , revealed no evidence to confirm they received /attended at least one hour of training in the facility's policies and procedures regarding ( ) within 30 days after employment.

In an interview with the administrator on 3 PM, who confirmed the findings.

Class III

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

Based on menu review and interview, the facility did not maintain dated menus as served for 6 months and did not store enough water for drinking and meal preparation for the 39 residents of the facility

Findings:

Review of the menus that were located on the facility's computerized system along with the dietary manager revealed the only dated menus available for review started from (2 months)

The dietary manager said on at 1 PM, that he did not have access to the menus prior to , which would include 2017 through , 2018.

Observations of the emergency food supply revealed the facility used the "easy meal food service kits". The boxes noted the food inside had a 10 year shelf life, no pots were needed and just add water. The facility had no other nonperishable food available for emergencies.

Further observations revealed there was only 36 gallons of water available for the 39 residents to be used for drinking and for the meal preparation that would also require water.

On at 1:30 PM, the dietary manager confirmed the findings.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

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Based on observations and interviews, the facility failed to provide and maintain a home-like and decent environment in which to provide a safe living environment for 1 of 10 sampled residents' .

Findings:

Observation on at 10 AM revealed the carpet in had a large black stain next to her bed.

During an interview with the resident's family on at 11 AM, her daughter said they had reported the stain to staff previously.

On at 1 PM, the administrator was informed that the carpet was stained.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to submit its emergency management plan for review and approval to the local emergency management agency annually.

Findings:

On at 9:15 am, a request was made to review the facility's most recent approval letter from the county for its emergency management plan.

On at 12 pm, the maintenance director provided documentation to indicate the plan was submitted for approval for 2018. However, he said the facility did not submit its plan for the years 2016 and 2017.

Class III

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on personnel record reviews and interview, the facility failed to maintain the current results of a background screening in the personnel record for 3 of 4 staff (A, B, and C) who were in a role that required a background screening.

Findings:

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The personnel records for caregivers A, B, and C revealed they were each hired on [redacted].

The records did not contain the results of a background screening, as required.

On [redacted] at 3:50 pm, the administrator provided eligible background results for the caregivers. However, the results indicated they were printed from the Agency's background screening website on [redacted], the day of the survey.

Unclassified

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on review of the facility's background clearinghouse employee roster, personnel record reviews, and interview, the facility failed to update the employment status for 1 of 5 sampled staff (E) within 10 business days of a change.

Findings:

On [redacted] at 4 pm, the administrator provided a letter of resignation from the previous administrator, staff E, that was effective on [redacted].

Review of the facility's background clearinghouse employee roster on [redacted] at 9:37 am revealed staff E was still listed with no employment end date.

On [redacted] at 4:05 pm, the administrator confirmed the findings.

Unclassified