

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968390	(X3) DATE SURVEY COMPLETED 11/06/2018
NAME OF PROVIDER OR SUPPLIER MERLOX HAVEN LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3151 GRANADA BLVD KISSIMMEE, FL 34746	

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

0000 - Initial Comments

The re-licensure survey with Limited Nursing Services (LNS) was conducted on Merlox Haven license # #12291 had deficiencies found at the time of the visit.

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

Based on record review and interview the facility did not obtain a complete and accurate Resident Health Assessment form (AHCA form 1823) for 1 of 2 sampled residents (#6).

Findings:

Resident record review for resident #6 revealed a health assessment report 1823 dated that listed diagnoses of left sided and stroke. The assessment did not indicate if the resident needed 24 hour nursing or are and whether or not he was at risk of elopement.

In an interview on at 1:30 PM with the administrator who said she overlooked the form.

Class III

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

Based on observations, interviews and record review the facility failed to ensure it obtained an order before continuing to give a medication that was originally ordered for 7 days for 1 of 2 sampled residents (#6).

Findings:

Observation during the medication pass on 9 AM staff A brought the medication to the resident, and read the label to resident. She poured 1 vial into the and handed the to the resident. The prescription label indicated the order was written on and filled on for (.) solution 0.5 milligrams (mg)/3 mg/ 3 milliliters (ml) the medication every 6 hour for 7 days.

Resident record review revealed a health assessment report 1823 dated that listed diagnoses of

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968390	(X3) DATE SURVEY COMPLETED 11/06/2018
NAME OF PROVIDER OR SUPPLIER MERLOX HAVEN LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3151 GRANADA BLVD KISSIMMEE, FL 34746	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
left sided ... and stroke. He needed assistance with self-administration of medications. Prescription dated ... and written by the Advanced Registered Nurse Practitioner (ARNP) indicated ... 1 vial every 6 hours for 7 days; diagnosis ... ARNP note dated ... indicated the resident had ... and to use ... as directed for 7 days. The ... MOR listed the medication and was documented as given, as ordered. The ... listed ... / ... solution inhale 1 vial every 6 hours for 7 days and was given from ... to ... daily at 8 AM , 2 PM , 8 PM and 2 AM. The ... Medication Observation Record (MOR) listed ... / ... solution inhale 1 vial every 6 hours for 7 days and was given from ... at 8 AM to ... at 2 PM , from ... at 2 PM to ... at 2 AM and from ... at 8 AM to ... /at 2 AM The ... MOR listed ... / ... solution inhale 1 vial every 6 hours for 7 days and was given from ... at 8 AM to ... at 8 AM. The pharmacy owner, who came to the facility to deliver medications said, he did not have an order for the ... / ... solution, but the facility staff requested the medication and the doctor approved the refill. In an interview with the administrator/RN who said there was no order to continue the medication. She called the doctor's office and at 13.29 she received a fax dated ... that indicated ... / ... solution inhale 1 vial every 6 hours until ... , will reassess patient. She said the doctor wrote an order but did not give it to the facility or the pharmacy. She was not aware how the determination was made to continue with the medication, although the facility was not aware of the change order. Class III 0162 - Records - Resident - 58A-5.024(3) FAC Based on record review and interview the facility failed to ensure that 1 of 2 sampled resident records (#6) contained all the required components that included a completed informed consent form. Findings: Observations during the medication pas son ... at 9 AM noted staff A assisted resident #6 with		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968390	(X3) DATE SURVEY COMPLETED 11/06/2018
NAME OF PROVIDER OR SUPPLIER MERLOX HAVEN LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3151 GRANADA BLVD KISSIMMEE, FL 34746	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
self-administration of medications. Resident record review for resident #6 whom received assistance from unlicensed personnel, revealed an informed consent regarding unlicensed staff assisting the resident with self-administered medications dated , however the form did not indicate whether the unlicensed staff would or would not be overseen by a nurse. In an interview with the administrator on at 1:30 PM who confirmed the findings. Class III		