STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964986	**01/15/2019**
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 Complaint (CCR #2018016715) Survey was conducted on and concluded on . Merry One ALF had deficiencies identified at the time of the survey.

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation, record review, and interview, the facility failed to ensure that licensed staff provided administration of medications to one out of eight (Resident #6) sampled residents.

Findings included:

Arrived to the facility on at 9:05 AM found Resident #6 lying in bed with full bed rails. The resident was not interviewable.

Resident #6's health assessment dated had the following diagnoses: , , , , Bedridden, , and OA. Total assistance with ADLs and needed assistance with medications.

Interview with the hospice nurse revealed that hospice was not administering resident medications. She said that she requested that the resident needed the service but was denied. The facility administered her medications. She confirmed that the resident was unable to assist with her medications.

Observation on at 11:28 AM showed Resident #6 was able to hold the cup but not able to feed herself.

Interview conducted on at 11:30, Staff A stated Resident's #6 medications are crushed and fed to her.

Personnel record review revealed Staff A was not a licensed staff.

Class III

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

Based on observation, record review, and interview, the facility failed maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period and ensure staff were able to meet the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964986	**01/15/2019**
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)

scheduled and unscheduled needs of the residents.

Findings included:

1) Arrived to the facility on at 9:05 AM found Staff A, an unidentified woman, six resident and four additional people who were identified as daycare clients. Staff A stated the unidentified woman was Resident #3's family member, after a few minutes the woman departs the facility.

After the survey on at 12:00 PM found the unidentified woman running to the facility going to the backyard.

Interview with Resident #3's daughter on at 3:21 PM revealed the unidentified woman is not their family member and does not know who she is. She revealed she visited her mother often at the facility and have not ever met that woman.

2) Arrived to the facility on at 9:05 AM found Resident #6 lying in bed with full bed rails. The resident was not interviewable.

Resident #6's health assessment dated had the following diagnoses: , Bedridden, , and OA. Total assistance with ADLs and needed assistance with medications.

The staffing patten revealed Staff A was scheduled to work from 10:00 AM to 7:00 PM and a second staff member was scheduled to work 7:00 AM to 7:00 PM.

On at 9:55 AM Staff A stated the second staff member was supposed to be working but had issues with her .

Interview conducted on at 11:30, Staff A stated Resident #6 needed to people to transfer her but she was able to complete it alone.

Class III

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

Based on record review and interview, the facility failed to provide documentation of the required two hour pre-service orientation for one out of three (Staff C) sampled staff. The facility failed to provide

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964986	**01/15/2019**
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)

documentation of the in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment for one out of three (Staff C) sampled staff.

Findings included:

Review of Staff C's record showed that there was no documentation of the the minimum 2 hour required pre-service orientation and in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. Staff C was hired on .

Interview conducted on at 11:46 AM, Staff A confirmed that Staff C did not received two hours pre-service orientation and elopement training.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review, and interview, the facility failed to develop a written policy or procedure ensuring the alternate power source and fuel can be effectively operated and maintained . The facility failed to have fuel stored onsite.

Findings included:

Observation on at 11:00 AM showed that the facility did not have fuel stored in the facility.

Facility record review showed that the written policy detailing and instructing staff of how to operate and maintain the generator belongs to another facility.

Interview conducted on at 11:30 AM, Staff A stated that the written policies and procedures of how operate and maintain a generator belong to the facility, but the consultant put the wrong name of the facility. She confirmed that there was not fuel stored in the facility.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964986	**01/15/2019**
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)

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

Based on record review and interview, the facility failed to have a signed attestation form in the employee's personal file for one out three (Staff C) sampled staff.

Findings included:

Review of Staff's C file found did not have documentation of the signed attestation form.

Interview conducted on at 11:46 AM, Staff A confirmed that Staff C's file did not have documentation of the signed attestation form.

Class III

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

Based on record review and interview, the facility failed to maintain the status of all employees within the clearinghouse.

Findings included:

Review of the facility's roster in the clearinghouse database showed that Staff C was not in the roster. Staff C was hired on .

Interview conducted on at 11:46 AM, Staff A confirmed that Staff C was not in the roster.

Unclassified