STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964986	R 03/05/2019
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) Revisit Survey was conducted on 5, 2019. Merry One ALF, with a standard license had the following deficiency identified at the time of 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 of six sampled residents (Resident 1).

Findings included:

On at 6:30 AM, observed Staff F put on new gloves and signed the medication order record (MOR) prior to giving the medication (Ondansteron 40 mg) to Resident 1. Staff F placed the capsule in the bottle cap. Staff F stated that the medication box she used to place the medication in had on the floor and did not want to use it. Staff F touched the medication and administered the medication into Resident #1's .

Review of Staff F's record showed the staff did not have proof of a nursing license.

Uncorrected
Class III