

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969003	(X3) DATE SURVEY COMPLETED 04/10/2019
NAME OF PROVIDER OR SUPPLIER MERRILL GARDENS AT SOLIVITA 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 A Change of Ownership survey was conducted on . . . /2019. Merrill Gardens at Solivita Marketplace Assisted Living, license #12834, had deficiencies 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 of sampled residents (#9). Findings: In an interview on . . . at 11 AM the wife of resident #9 said the facility staff assisted him with his medications. Resident record review for resident # 9 revealed a health assessment report 1823 dated . . . that listed diagnoses of . . . 's . . . , high . . . and major Page 4 section B did not indicate if the resident needed assistance with self- administration of medications, that question was left unanswered. According to the assessment he needed medication administration and handwritten indicated "wife will administer it to him". The continued review revealed the . . . and . . . Medication Observation Record (MOR) confirmed the facility staff assisted the resident with his medications, as evident by their initials in the MOR. In an interview on . . . at 3 PM with the resident care director, who said the resident's wife requested the staff assist with his medications, but a healthcare provider's order was not available. Class III 0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC Based on record review and interview the facility failed to have written records, updated as needed, when 1 of 5 sampled residents (#11) had a significant change and needed additional services, and when 1 of 5 sampled residents #9 had a changes in the method of medication administration. Findings: 1. Resident record review for resident # 9 revealed a health assessment report 1823 dated . . . that		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969003	(X3) DATE SURVEY COMPLETED 04/10/2019
NAME OF PROVIDER OR SUPPLIER MERRILL GARDENS 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)		
listed diagnoses of _____'s _____, high _____ and major _____. Page 4 section B did not indicate if the resident needed assistance with self-administration of medications, that question was left unanswered. According to the assessment he needed medication administration and handwritten indicated "wife will administer it to him". The continued review revealed the _____ and _____. Medication Observation Record (MOR) confirmed the facility staff assisted the resident with his medications, as evident by their initials in the MOR. The review revealed no notations that indicated when the facility discussed with the resident's responsible about managing his medications. In an interview on _____ at 3 PM with the resident care director, who said the resident's wife requested the staff assisted with his medications, but no notations were maintained. 2. Resident record review for resident #11 revealed a home health care note dated ____/____/19 and ____/____/219 that indicated _____ care to the left second _____. Another home health care note dated ____/____/19 indicated the left second _____ was resolved, area was healed and she was discharged from home health care services. The review revealed no notations that indicated when the facility first became aware of the resident's _____ and when the doctor was notified. In an interview on _____ at 3 PM with the resident care director, who said the no notations were available. Class III 0052 - Medication - Assistance with Self-Admin - 429.256() ; 58A-5.0185 (3) Based on observations and interview the facility failed to ensure the unlicensed staff (A) who assisted 1 resident (# 11) with self-administration of medications followed the correct procedure. Findings: Observations during the medication pass on _____ at 11:20 AM noted staff A assisted resident #11 in the following manner. She asked resident if she wanted her noon medication. She retrieved medication from medication cart. Read the label, read Medication Observation Record (MOR), read the label to resident, put a pill in a cup, asked the resident if she wanted apple sauce. She poured some apple sauce in the cup with the pill inside. The resident was asked resident if she needed help. Staff A took the spoon with apple sauce and the pill and fed it to the resident. The staff said there are days when the resident was unable to do it, so she did it for her. She can was unable to hold the cup and spoon at the		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969003	(X3) DATE SURVEY COMPLETED 04/10/2019
NAME OF PROVIDER OR SUPPLIER MERRILL GARDENS 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)		
same time. In an interview on at 3 PM with the resident care director, who offered no comment. Class III 0078 - Staffing Standards - Staff - 58A-5.019(2) FAC Based on personnel record review and interview, the facility failed to obtain an annual statement from the health care provider for 3 of 5 sampled staff (A, B, D) documenting freedom from () and no statement for 2 of 4 staff reviewed documenting freedom from communicable (A & B). Findings: 1. Review of the personnel record for staff B, caregiver/med tech (unknown hire date) did not reveal any evidence of a statement from a licensed healthcare provider documenting freedom from communicable and . . . upon hire. On at 3:30PM the administrator stated she was unable to provide the documentation for staff A, B or D. 2. Personnel record review for staff A, hired revealed no evidence she obtained a healthcare provider statement that indicated freedom from communicable including . . . and that freedom from . . . was obtained yearly thereafter. 3. Personnel record review for staff D, hired , revealed a negative . . . test result dated There was no evidence to confirm the staff obtained freedom from . . . yearly thereafter. Class III 0081 - Training - Staff In-Service - 58A-5.0191() FAC Based on record review and interview, the facility failed to ensure that 3 of 4 sampled staff (A, C, D) completed required training as stated in Statute 58A-5.0191 () FAC. Findings: During a review of Staff C's personnel record, it revealed she was hired on as a Caregiver. In		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969003	(X3) DATE SURVEY COMPLETED 04/10/2019
NAME OF PROVIDER OR SUPPLIER MERRILL GARDENS 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)		
further review it confirmed Staff C did have certificates for preservice orientation training and did not have a certificate for _____ control. 1. In an interview on _____ at 2pm with Staff C, she confirmed she has direct contact with the residents since the day she was hired. She stated she could not remember if she completed the preservice orientation training or the _____ control training. In an interview on _____ at 3pm with the administrator, she confirmed the certificates were not in the personnel record and did not know if Staff C completed these required trainings. 2. Personnel record review for staff a hired _____ revealed certificates dated _____ that indicated training in elopement; incident and adverse reporting. The certificates were from an on line Internet training website. There was no evidence to confirm the staff received /attended an in-service training regarding the facility's elopement response policies and procedures and reporting adverse/incident reporting. 3. Personnel record review for staff D hired _____ revealed no evidence she received /attended an in-service training regarding the facility's elopement response policies and procedures. There was no evidence she attended /received an in-service training regarding incident and adverse reporting. On _____ at 3:30PM, the administrator confirmed the findings. Class III 0082 - Training - / - 58A-5.0191(4) FAC Based on personnel record review and interview, the facility failed to ensure 1 of 4 staff (D) completed a one-time education course on (_____) and _____ (Acquired _____ -Deficiency _____). Findings: Personnel record review for staff D hired _____ revealed no evidence she attended a one time a one-time education course on _____ and _____. In an interview on _____ at 4 PM the administrator said she was unable to locate the certificate of		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969003	(X3) DATE SURVEY COMPLETED 04/10/2019
NAME OF PROVIDER OR SUPPLIER MERRILL GARDENS 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)		
training. Class III 0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS Based on personnel record review, staff schedule review and interview, the facility failed to have evidence that 2 of 4 sampled unlicensed staff (A, B), who provided assistance with residents' medications had received the required training for providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF). Findings: 1. On at 3:20PM, staff B stated she provided assistance with medications for the residents. She said she was scheduled to work as the med tech that evening from 3-11pm. Review of the personnel record for staff B, unlicensed caregiver (date of hire unknown), did not reveal any evidence of training for providing assistance with self-administration of medications in an assisted living facility. Review of the staff schedule for the week of found staff B had worked as the med tech from 3-11pm on and She was scheduled as the med tech from 3-11pm on, the date of the survey. 2. Observations during the medication pass on at 11:20 AM noted staff A assisted resident #11 with self-administration of medications. Personnel record review for staff A hired revealed a certificate dated that indicated she attended a 2 hour continuing education class. Continued review revealed no evidence to confirm she received the initial 6 hour in-service training in providing assistance with self-administration of medications in an assisted living facility. On at 3:30PM the administrator stated she was unaware staff A & B did not have the required training. Class III 0090 - Training - - 58A-5.0191(11) FAC Based on record review and interview the facility did not provide or arrange for 2 of 4 sampled staff (A		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969003	(X3) DATE SURVEY COMPLETED 04/10/2019
NAME OF PROVIDER OR SUPPLIER MERRILL GARDENS 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)		
and E) to receive an in-service training regarding the facility's (). Findings: 1. Personnel record review for staff A hired revealed a certificate dated that indicated training in . The certificate was from an on line Internet training website. There was no evidence to confirm the staff received /attended an in-service training regarding the facility's . 2. Personnel record review for staff D hired revealed certificate dated that indicated training in . The certificate was from an on line Internet training website. There was no evidence to confirm the staff received /attended an in-service training regarding the facility's . In an interview on at 4 PM with the administrator said she was unable to locate a certificate of training. Class III 0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC Based on personnel record review and interview, the facility failed to ensure that all training certificates met the requirements as specified in 58A-5.0191(12) FAC for 1 of 4 sampled staff (B). Findings: Review of the personnel record for staff B, unlicensed caregiver (date of hire unknown) revealed a certificate dated for a 1 hour training in . The certificate was not signed and dated by the instructor. Further review revealed another certificate for training in Resident Elopement Response dated . This certificate was not signed and dated by the instructor. Both certificates bore the heading of "Merrill Gardens," but in , the facility was not owned or operated by Merrill Gardens until 2018. On at 4:30PM the administrator stated they used their current certificates for training that had been done in the past but they couldn't find the certificates. She confirmed Merrill Gardens was not in the facility in . Class		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969003	(X3) DATE SURVEY COMPLETED 04/10/2019
NAME OF PROVIDER OR SUPPLIER MERRILL GARDENS 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)		
0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC Based on interview, the facility failed to have a 3 day emergency water supply on to meet the facility's resident census at all times as required. Findings: During an observation of the facility's 3 day food and water supply on at 1pm, revealed a 3 day food supply that was sufficient for the current census of 139 residents. However, when observing the 3-day water supply with the Supervisor of Dining, he stated the water supply was for all 139 residents which included independent and assisted living residents. The facility's water supply on was a total of 202 gallons and collapsible containers stored in boxes. The Dining Supervisor and the Administrator stated they plan to use the collapsible containers at the time of a weather event. In review on of the facility's most recent approved Comprehensive Emergency Management Plan, the plan did not state, nor was it approved for collapsible water containers. In an interview on at 1:30pm with the Administrator and the Supervisor of Dining, they confirmed the above findings. Class III 0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC Based on personnel record review and interview the facility failed to maintain personnel records for 1 of 4 sampled staff (D) which contained, at a minimum, a job description. Findings: Personnel record review for staff D, the administrator, hired revealed no evidence she received a job description. In an interview on at 4 PM the administrator said she was unable to locate any other documentation. Class III		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969003	(X3) DATE SURVEY COMPLETED 04/10/2019
---------------------------	---	---

NAME OF PROVIDER OR SUPPLIER MERRILL GARDENS 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)

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to ensure that 3 of 5 resident records (#4, 9 and 11) contained all the required components that included a completed informed consent form.

Findings:

During the entrance conference on at 9:30 AM the resident care director said that unlicensed staff assisted residents with self- administration of medications.

Observations during a medication pass on at 11:20 AM noted that staff A, an unlicensed staff assisted resident #11 with self- administration of medications.

Individual resident record review for residents # 9 and resident #11 revealed no evidence they received a copy of the written informed consent described in Rule 58A-5.0181, F.A.C. Review of the resident contacts revealed such consent was not included in the resident's contract.

In an interview on at 4 PM the administrator said the informed consent was not available.

In a record review on of Resident#4's contract and 1823, it revealed the resident receives assistance with medication from unlicensed staff. In further review Resident#4's contract was missing the signed informed consent form to inform him that unlicensed staff will be assisting with self-administration of medication.

In an interview on at various times starting at 10am with the administrator, she confirmed the findings.

Class III

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on record review and interview the facility failed to ensure 1 of 2 sampled residents (# 11) contracts contained refund policy to conform with to Chapter 429.24 FS.

Findings:

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969003	(X3) DATE SURVEY COMPLETED 04/10/2019
NAME OF PROVIDER OR SUPPLIER MERRILL GARDENS 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)		
Resident record review that included the residency agreement for resident # 11 revealed page 5 of 14 pages, letter D- Refunds that indicated that if a resident left the community because of hospitalization or transfer to a higher level of care and did not return to the facility they would be charged in addition to the bed hold fee an additional amount to cover reasonable, actual expenses incurred as a result of their departure, not to exceed 5 days of per-diem charges. The contract also indicated that they provided care, services and residency to qualified person 62 years or older. In an interview with the administrator on _____ at 3 PM who said the contracts were written by the corporate office and they were not in Florida. Class III 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on facility record review and interview, the facility failed to submit their Emergency Power Plan (EPP) to the county Office of Emergency Management (OEM) within 30 days of change of ownership of the facility, and did not, within five (5) business days, notify each resident and the resident's legal representative in writing when the plan was submitted to the county OEM for review and approval as required by 58A-5.036 FAC. Findings: Review of Agency documentation revealed date for the facility Change of Ownership was _____. Upon request to review the EPP approval plan and letter from the county OEM, on _____ at 9:15 AM, the administrator provided an approval letter dated _____. She stated they had submitted their plan to the county in _____, but had not received the approval letter from the county. She also confirmed she had not sent notification letters to the residents/responsible parties of the plan submission to the county. Class III Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC Based on record review and interview the facility did not ensure that the employee screening results		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969003	(X3) DATE SURVEY COMPLETED 04/10/2019
NAME OF PROVIDER OR SUPPLIER MERRILL GARDENS 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)		
were in the employee's record for 2 of 4 sampled employees (A & E). Findings 1. Personnel record review for staff A hired revealed no evidence of the results of the BGS. The Agency's BGS site indicated on at 3:45 PM that staff A was eligible on . 2. Personnel record review for staff D hired revealed no evidence of the results of the BGS. The Agency's BGS site indicated at 3:45 PM that staff D was eligible on . On at 2:30PM the administrator stated she was unaware the background screening results were not in the record. Unclassified 2814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS Based on Agency background screen website review , staff schedule review and interview, the facility failed to maintain the current employment status of employees within the Agency's Background Screening Clearinghouse for 1 of 4 staff employees (Staff B). Findings: Review of the staff schedule revealed staff B, caregiver/med tech, was scheduled to work from 3:00PM-1115PM on . Review of the personnel record for staff B did not reveal a hire date . Review of the Agency BGS website for staff B revealed a eligibility date of . Review of the Agency's Background Screening Clearinghouse website revealed staff B was listed with a hire date of and a termination date of . On at 2:30PM the administrator stated there were some changes made to the roster related to the change of ownership, but she could not explain the dates for staff B. Unclassified		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969003	(X3) DATE SURVEY COMPLETED 04/10/2019
NAME OF PROVIDER OR SUPPLIER MERRILL GARDENS 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)		
Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS Based on personnel record review, Agency Background Screening (BGS) website review and interview, the facility failed to ensure that all employees submit to level 2 background rescreening as a condition of their employment for 3 of 4 sampled staff (A, B, D) Findings: 1. Personnel record review for staff B, caregiver/med tech, unknown date of hire, did not reveal any documentation of level 2 background screening eligibility. Facility training documentation in the record was dated as old as Review of the Agency BGS website for staff B revealed a eligibility date of Unclassified Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3) Based on personnel record review and interview, the facility failed to ensure that 2 of 4 staff (A and B) completed the Affidavit of Compliance with Background Screening Requirements (AHCA form 3100-0008) form. Findings: 1. Personnel record review for staff B, caregiver/med tech, unknown date of hire, did not reveal any documentation of a signed compliance attestation form. 2. Personnel record review for staff A hired revealed no evidence she completed an Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, On at 2:30PM the administrator stated she was unaware the forms were not in the record. Unclassified		