Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910710	A. BUILDING: _____ B. WING _____	07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRIMENT ASSISTED LIVING RESIDENCE	1835 WILSON STREET HOLLYWOOD, FL 33020

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Relicensure with Limited Mental Health (LMH), Complaint (#2023011153) and Generator Monitoring survey was conducted on . . . . . through . . . . . at Merriment Assisted Living Residence. The facility had deficiencies identified related to the Relicensure at the time of the survey.	A 000		
A 026	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours	A 026		

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A 026	Continued From page 1 towards the required 12 hours per week of scheduled activities. An activities calendar must be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide an ongoing activity program which is diversified for individual, and group needs for the 45 residents currently residing in the facility. The findings included: On . . . . . at 08:55 AM, a tour of the facility was conducted. It was revealed that the Activity Calendar was not placed on the bulletin board in the main Dining Room. On through from 08:55 AM - 02:00 PM, confidential interviews were conducted with residents, and they stated that no activities are offered at the facility, they just sit around all day doing nothing. On at 03:40 PM, in an interview with the Administrator, she stated that most of the residents go to programs, and they are no planned activities. She acknowledged the findings. The Surveyor exited the facility at 03:00 PM on . . . . . They were no observation of activities at the facility during the survey. Class III	A 026		

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A 054	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known ␣ the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observation, resident record review and interview, the facility failed to make a reasonable effort to refill a medication in a timely manner for 1 of 3 sampled residents (#4) as required.	A 054		

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A 054	Continued From page 3 Findings: On at 08:35 AM, during medication observation with staff A, it revealed that she did not offer Resident # 4 his Austedo XR 24 milligrams (mg), 0.5 M mg tab, Refresh tears 0.5% Resident # 4's record review revealed admission date . The last 1823 Health Assessment dated listed medical history of Major d/o, , Vit. D deficiency, and . He has periods of aggression, needs supervision of self-administration of medications. On at 2:45 PM, an audit was conducted by the surveyor and the administrator, the audit revealed that the residents medications were not available, however the administrator stated that the reason the medication was not in the medication cart is because the pharmacy nurse on took out all medications that are no longer in use, also took out all expired medications, and the medications have not been refilled since it was taken out. The administrator acknowledged the findings. She was unable to provide documentation of the refills or discontinue order for noted medications for Resident #4. Class III	A 054		