STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910710	10/13/2015
NAME OF PROVIDER OR SUPPLIER **MERRIMENT MANOR RETIRMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1835 WILSON STREET HOLLYWOOD, FL 33020**	

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

0000 Initial Comments

On 12, 2015 through 13, 2015 a biennial relicensure survey was conducted at Merriment Manor Retirement Home. Deficient practice was identified during the survey.

0030 Resident Care - Rights & Facility Procedures

Based on observations, interview and record, it was determined the facility failed to ensure that unlicensed staff performed medication duties in a safe and sanitary manner, for 2 out of 5 residents observed during the medication pass (Resident #6 and #7).

The findings include:

a) Observations on at 12 PM found Resident #6 receiving the following medications:
5 mg and 1 mg.

At 12 PM, observations during assistance with self- administration of medication revealed Staff A, a Resident Aide, assisted Resident #6 with self - administration of medications. Staff A did not sanitize her hands before assisting Resident #6 with his medications. Staff A observed Resident #6 take his medications and signed his Medication Observation Record (MOR). Staff A did not sanitize her hands after assisting Resident #6 with his medications.

b) Observations on at 12:10 PM found Resident #7 receiving the following medications:
cl er 20 meq

At 12:10 PM, observations during assistance with self- administration of medication revealed Staff A, a Resident Aide, assisted Resident #7 with self - administration of medications. Staff A did not sanitize her hands before assisting Resident #7 with her medication. Staff A observed Resident #7 take her medication and signed her Medication Observation Record (MOR). Staff A did not sanitize her hands after assisting Resident #7 with her medication.

During an interview on at 12:20 PM, Staff A was informed of the process for assisting residents with self- administration of medications. Staff A acknowledged her error in not sanitizing her hands during assistance with medications.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910710	10/13/2015
NAME OF PROVIDER OR SUPPLIER **MERRIMENT MANOR RETIRMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1835 WILSON STREET HOLLYWOOD, FL 33020**	

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

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the facility failed to follow the proper procedures for providing assistance with self -administration of medication, for 2 out of 5 residents (Resident #13 and #14) observed during medication pass.

The findings include:

During the / 12:00 PM observation of staff assistance with the self-administration of medications, Staff B (unlicensed staff) failed to identify the name of the medications, for two of three Residents observed (Resident #13 and Resident #14).

a) Review of the Medication Observation Record for Resident #13 revealed that Resident #13 has an order for 1 tablet daily. On at 12:05 PM. Staff B sanitized her hands, checked the medication observation record (MOR), checked the pre-packaged single dose medication packet to confirm the medication, and again checked the MOR. Staff B then asked Resident # 13 if he had any questions about his medication. Staff B then placed 1 , /levo tablet into a medication cup and handed the medication cup to the Resident. Staff B then observed Resident #13 swallow the medication. At no time did Staff B identify the name of the medication to Resident #13.

b) Review of the Medication Observation Record for Resident #14 revealed that Resident #14 has an order for 1 gram, 1 tablet daily. On 12:07 PM. Staff B sanitized her hands, checked the medication observation record (MOR), checked the pre-packaged single dose medication packet to confirm the medication, and again checked the MOR. Staff B then asked Resident # 14 if she had any questions about her medication. Staff B then placed 1 1 gram tablet into a medication cup and handed the medication cup to the Resident. Staff B then observed Resident #14 swallow the medication. At no time did Staff B identify the name of the medication to Resident #14.

Staff B was interviewed immediately following the 12:00 PM medication observation. Staff B stated that she thought that as long as she asks the residents their names and if they have any questions about their medications there was no need to identify the name of the medications to the residents. Staff B confirmed that she did not identify the names of the medications to Resident #13 and Resident #14.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910710	10/13/2015
NAME OF PROVIDER OR SUPPLIER **MERRIMENT MANOR RETIRMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1835 WILSON STREET HOLLYWOOD, FL 33020**	

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

0075 Use of Personnel: Emergency Care ( )

Based on observation, record review, and interview, it was determined that the facility failed to maintain the facility's only Automated External Defibrillator ( ) in fully functional condition, thereby placing 40 of 44 residents at risk of not receiving appropriate emergency care.

The findings include:

During a re-licensure survey of the facility, the registered nurse surveyor noted a dust laden case placed on top of a black metal cabinet in the facility office. Staff B, the facility Manager, confirmed that the case contained the facilty's . Upon inspection, the surveyor observed that the defibrillator pads for the had expired as of . Photographic evidence was contained.

During a 9: 45 AM interview on , the Manager stated that she was not aware that the defibrillator pads have an expiration date and that there is no routine observation done to verify that the is in working order.

Review of the facility invoice for the indicates that the was purchased on . The technical specifications page of the invoice (kept with the) indicates that the shelf life of the pre-gelled self-adhesive pads is 2 years.

During a 1:20 PM interview on with the Administrator, the Administrator stated that the facility has no policy specifically pertaining to checking the operational status of the . The Administrator stated that 4 of the 44 residents in the facility have a .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Merriment Manor Retirement Home
1835 Wilson Street
Hollywood, FL 33020

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on , 2015 through , 2015 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Davis
Field Office Manager

AMD
Enclosure
XG90

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