

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/04/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

DIVINE ASSISTED LIVING FACILITY

**533 E CITRUS ST
ALTAMONTE SPRINGS, FL 32701**

(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 A re-licensure survey and generator monitoring was conducted at Divine Assisted Living on . The facility had deficiencies at the time of the visit.	A 000		
A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2) (a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary.	A 032		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 032	Continued From page 1 The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on review of the facility's documented elopement drills, personnel record reviews and interviews, the facility failed to have documentation that 2 of 2 sampled staff participated in a minimum of two resident elopement drills each year (A and the Administrator). Findings:	A 032		

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NAME OF PROVIDER OR SUPPLIER DIVINE ASSISTED LIVING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 533 E CITRUS ST ALTAMONTE SPRINGS, FL 32701		
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A 032	Continued From page 2 On _____ at 11:20am Staff A stated during an interview the facility conducted elopement drills and had participated in 3. Review of personnel records revealed Staff A was hired on _____. There was no documented evidence Staff A participated in any drills since her hire date. Review of personnel records revealed the Administrator's was hired on _____. The resident elopement drills revealed on _____, _____ and _____ the Administrator only conducted and participated in one drill each year. On _____ at 2:45pm, the administrator confirmed the findings. Class III	A 032			
A 094 SS=D	59A-36.012(3) FAC Food Service - Food Hygiene (3) FOOD HYGIENE. Copies of inspection reports issued by the county health department for the last 2 years pursuant to rule 64E-12.004, or chapter 64E-11, F.A.C., as applicable, depending on the licensed capacity of the assisted living facility, must be on file in the facility. This Statute or Rule is not met as evidenced by: Based on review of the facility's inspection report and interview, the facility failed to obtain an updated county health department report in the facility. Findings:	A 094			

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A 094	Continued From page 3 Review of the Department of Health Group Care Inspection revealed the last satisfactory report dated On at 10:32am The Administrator stated I've emailed her. The inspection is good for one year so it expired on I emailed her on, to inform her that I needed an inspection. The Inspector replied on, at 2:04pm that I would be added to her calendar. On at 2:45pm The Administrator confirmed the findings and stated I contacted her again today to follow up. Class III	A 094		