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
	AL11969324	A. BUILDING: _____ B. WING _____	R 04/23/2024

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 revisit to the re-licensure survey was conducted at Divine Assisted Living on . . . . The facility had uncorrected deficiencies at the time of the visit.	{A 000}		
{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 interviews, the facility failed to obtain an updated county health department report in the facility. Findings: Review of the Department of Health Group Care Inspection revealed the current report unsatisfactory dated . . . . The report listed a re-inspection date of . On at 10:45am The Unlicensed Care Staff stated, "oh I didn't see the re-inspection date, but no one has returned." The Administrator was contacted by phone due to her absence from the facility to follow up on the results of the unsatisfactory report. On at 10:47am The Administrator stated I was unaware the bulb was out when they arrived. No one has returned for the	{A 094}		

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{A 094}	Continued From page 1 re-inspection. On . . . . . at 10:50am The Administrator confirmed the findings. Class III	{A 094}		