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
	AL11967998	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSITY ME	3225 N MYRTLE AVE JACKSONVILLE, FL 32209

(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 On [redacted] An unannounced compliance survey was conducted at Diversity Me Assisted Living Facility.Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.	A 000		
A 152	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident [redacted] sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident [redacted] to be used in the event of an emergency. (d) Residents who use portable bedside	A 152		

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A 152	Continued From page 1 commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be This Statute or Rule is not met as evidenced by: Based on observations and interviews, the facility did not provide a safe living environment for 14 of 16 residents (#1, #2, #3, #4, #5, #6, #7, #8, #9, #11, #12, #14, #15, and #16). According to a City of Jacksonville Fire Inspector the facility needed to be issued an immediate cease and desist order for 19 fire code violations which placed all occupants of the facility in immediate jeopardy. The findings include: On [redacted] at approximately 12:47 PM it was observed in resident #1 [redacted] electrical outlet that had caught on fire some time in the past. When an employee was questioned about the electrical plug fire, she stated that resident #1 had attempted to light a cigarette with the outlet and caught it on fire two weeks ago. The staff member said other staff put the fire out with a fire extinguisher. On [redacted] at approximately 1:15 PM during the tour of the facility it was observed that all the exit doors in the facility had keyed deadbolts, and they were locked. When facility staff was asked how do the residents enter and exit the facility the staff member said she had to unlock the deadbolt with a key she carried. She was asked what would	A 152		

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A 152	Continued From page 2 happen if she was or lost the keys, during a fire. She then stated, "I see your point". It was determined that having keyed deadbolt locks on the doors and removing the keys after locking the deadbolts would be an unsafe practice. A call was placed to the Jacksonville Fire Rescue Office and a request for consultation with a fire inspector was made. On at approximately 2:10 PM it was observed that the facility fire panel had two alarm lights on. One light was for power trouble and the other light for system trouble. An attempt was made to reset the system, but the trouble lights did not go off. This was an indication that the fire alarm and suppression system might not be operational. On at approximately 3:05 PM a fire safety inspector from the Jacksonville Fire Marshal's Office arrived at the facility and conducted a fire inspection of the facility. During his inspection he discovered 19 fire code violations to include a nonworking fire sprinkler system. According to the inspector and his supervisor the violations were egregious enough to immediately shut down the facility and remove all residents (#1, #2, #3, #4, #5, #6, #7, #8, #9, #11, #12, #14, #15, and #16) for their safety. Class I Correction Date: (Immediate)	A 152		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Diversity Me
3225 North Myrtle Avenue
Jacksonville, FL 32209

Dear Administrator:

This letter reports the findings of a state licensure unannounced compliance survey that was conducted on , 2012 by representatives of this office.

Attached is the provider's copy of the State (3020) 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. Staff from this office will conduct a review after **2012** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey. **A recommendation for sanction has been forwarded to the Central Office in Tallahassee for the Class I deficiency. This action, if taken, will be a matter of separate correspondence from the Central Office in Tallahassee.**

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 surveyors. Should you have any questions please call this office at

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KA/KW/sm
Enclosure

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