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
	AL11910951	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVINE LIVING IN HIALEAH LLC	70 EAST 21ST STREET HIALEAH, FL 33010

(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 Complaint Survey (CCR # 2013002831) was conducted in your Assisted Living Facility on . Divine Living In Hialeah had deficiencies found at the time of the survey.	A 000		
A 008 SS=D	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or services required by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication; 6. Whether the individual has signs or symptoms of a communicable which is likely to be transmitted to other residents or staff; 7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and 8. The date of the examination, and the name, signature, address, phone number, and license number of the examining licensed health care	A 008		

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A 008	Continued From page 1	A 008		

provider. The medical examination may be conducted by a currently licensed health care provider from another state.
(b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows:
1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment.
a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion.
b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider.
c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided.
2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the elements in Section 3. This requirement does not

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A 008	Continued From page 2	A 008		

apply for residents receiving:
a. Extended congregate care (ECC) services in facilities holding an ECC license;
b. Services under community living support plans in facilities holding limited mental health licenses;
c. Medicaid assistive care services; and
d. Medicaid waiver services.
(c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823.
(d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).
(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule.
(f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a do-not- order for residents who do not wish to be administered in the case of or
(g) A resident placed on a temporary emergency basis by the Department of Children and Family Services pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the

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A 008	Continued From page 3 examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review and interview facility failed to obtain a medical examination report upon admission for 1 out of 43 sampled residents (#43) and to have a Health Assessment 1823 form for 1 out of 43 sampled residents (#42). Findings include: Record review for resident #43 found that he was admitted to the facility on . Further review revealed no medical examination report for the resident. Record review for resident #42 found that she was admitted to the facility on - Further review revealed no Health Assessment 1823 form for the resident. Administrator acknowledged the findings during interview conducted on at 2:00 pm Class III	A 008		
A 025 SS=D	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents	A 025		

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A 025	Continued From page 4	A 025		

accepted for admission to the facility.
(1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following:
(a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C.
(b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual.
(c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community.
(d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.
(e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.

This Statute or Rule is not met as evidenced by:
Based on record review and interview facility failed to provide personal supervision as appropriate for each resident, have daily observation by designated staff of the residents physical and emotional wellbeing, to be aware of residents whereabouts to contact appropriate party of residents elopement and to have written records as needed of any significant changes for

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A 025	Continued From page 5	A 025		

3 out of 43 sampled residents (#41, #42 and #43).

Findings include:

1. Resident #41 was admitted to Hialeah Hospital on due to an episode. On pm hours resident left the hospital and returned to the facility. The next morning the resident told staff #2 that he is going out for a walk and did not return to the facility. On facility ' s secretary called the police to report resident missing. On administrator received a phone call around 3:00 pm indicating that resident was found by the police and was admitted to a hospital (, unit). On around 4:00 pm resident was returned to the facility. Upon arrival administrator noticed that resident was . At that time the administrator decided to send resident back to the hospital. When administrator was questioned on at 11:55 a.m. as if resident was still in the hospital, she replied" I don ' t know". Surveyor stated" do you think he left the hospital and if yes where did he go?" Administrator stated: " I don ' t know". Surveyor stated " is he missing? " Administrator stated " I don ' t know ". With surveyors suggestion administrator called the hospital and was notified that resident was discharged to another Assisted Living Facility late at night.

2. Record review for resident #42 revealed that she was released from jail to the facility on . As per administrator during interview conducted on at 11:30 a.m., resident #42 had a monitor GPS device placed at her leg. As per administrator resident #42 used to only walk nearby and never tried to go far away from the facility. On close to lunch time resident #42 was observed by another resident walking

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A 025	Continued From page 6	A 025		

close to a dollar store and far away from the facility. The other resident notified the administrator that resident #42 was observed close to Palm Avenue next to a dollar store. The administrator called the police. Resident was located within 20 minutes by police officers and escorted to the facility.
3. Record review for resident #43 revealed that he was released from jail to the facility on around 5:00 p.m. As per administrator during interview conducted on at 11:50 a.m., resident #43 had a monitor GPS device placed at his leg. The next day ( ) close to dinner time resident #43 removed the device from his leg and left the facility. Resident did not return that night. The next day around 2:00 pm the facility secretary's called the family to verify whether resident #43 was there or not. His nieces verified that indeed the resident was there. Resident stayed with his family until in the morning hours. He returned to the facility on close to lunch time.
Interview with administrator on at 12:30 pm revealed that facility's elopement policy indicated that all staff on premises was to look for the resident missing and to notify next of kin immediately. When administrator was question as of why facility did not follow the procedure in resident #41, #42 and #43s cases she could not provide an answer.
Record review for resident #41, 42, 43 revealed no daily observation by designated staff of the resident ' s physical and emotional wellbeing for all 3 residents. Furthermore, there were no written records of all incidents for resident # 41, 42, 43.

Administrator stated on at 2:00 pm that she was not aware of the requirement.

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A 025	Continued From page 7 Class III	A 025		
A 032 SS=D	58A-5.0182(8) FAC Resident Care - Elopement Standards	A 032		

(8) ELOPEMENT STANDARDS.
(a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement shall be identified so staff can be alerted to their needs for support and supervision.
1. As part of its resident elopement response policies and procedures, the facility shall 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 attention shall be directed towards residents assessed at high risk for elopement, with special attention given to those with ' s and related assessed at high risk.
2. At a minimum, the facility shall have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The photo identification shall be made available for the file within 10 calendar days of admission. In the event a resident is assessed at risk for elopement subsequent to admission, photo identification shall be made available for the file within 10 calendar days after a determination is made that the resident is at risk for elopement. The photo identification may be taken by the facility or provided by the resident or resident ' s family/caregiver.
(b) Facility Resident Elopement Response Policies and Procedures. The facility shall develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures shall include:

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A 032	Continued From page 8	A 032		

1. An immediate staff 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 shall conduct resident elopement drills pursuant to Sections 429.41(1)(a)3. and 429.41(1)(l), F.S.

This Statute or Rule is not met as evidenced by:
Based on record review and interview facility failed to follow appropriate elopement procedure for 3 out of 43 samped residents (#41,#42,#43).

Findings include:

1. Resident #41 was admitted to Hialeah Hospital on due to an episode. On pm hours resident left the hospital and returned to the facility. The next morning the resident told staff #2 that he is going out for a walk and did not return to the facility. On - facility ' s secretary called the police to report resident missing. On administrator received a phone call around 3:00 pm indicating that resident was found by the police and was admitted to a hospital (, , unit). On around 4:00 pm resident was returned to the facility.
2. Record review for resident #42 revealed that she was released from jail to the facility on

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A 032	Continued From page 9	A 032		

- . As per administrator during interview conducted on at 11:30 a.m., resident #42 had a monitor GPS device placed at her leg. As per administrator resident #42 used to only walk nearby and never tried to go far away from the facility. On close to lunch time resident #42 was observed by another resident walking close to a dollar store and far away from the facility. The other resident notified the administrator that resident #42 was observed close to Palm Avenue next to a dollar store. The administrator called the police. Resident was located within 20 minutes by police officers and escorted to the facility.

3. Record review for resident #43 revealed that he was released from jail to the facility on around 5:00 p.m. As per administrator during interview conducted on at 11:50 a.m., resident #43 had a monitor GPS device placed at his leg. The next day ( ) close to dinner time resident #43 removed the device from his leg and left the facility. Resident did not return that night. The next day around 2:00 pm the facility secretary's called the family to verify whether resident #43 was there or not. His nieces verified that indeed the resident was there. Resident stayed with his family until in the morning hours. He returned to the facility on close to lunch time.

Interview with administrator on at 12:30 pm revealed that facility's elopement policy indicated that all staff on premises was to look for the resident missing and to notify next of kin immediately. When administrator was question as of why facility did not follow the procedure in resident #41, #42 and #43s cases she could not provide an answer.

Administrator stated on at 2:00 pm that

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A 032	Continued From page 10 she was not aware of the requirement. Class III	A 032		
A 055	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or 6. The facility ' s rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission	A 055		

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as required under Rule 58A-5.0181, F.A.C.
(b) Centrally stored medications must be:
1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and
4. Kept separately from the medications of other residents and properly closed or sealed.
(c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider.
(d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s medications are still at the facility, the medications shall be considered abandoned and

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may disposed of in accordance with paragraph (e).
(e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.
(f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observation and interview facility failed to have adequate storage of medication for 30 out of 40 sampled residents and to dispose medications that have been abandoned for more than 30 days for 10 out of 40 sampled residents

Findings include:

Observation on around 9:10 am revealed that medications for 30 residents were not adequately storaged. These medications were inside a black garbage bag some of them and others inside a carton case.
The following medications were observed
Two monthly packs of 2 mg, one monthly pack of 1mg tablets and another one of 30 mg capsules for resident #16. 30 mg capsule date filled / / for resident #2. 1mg date for resident #20. 1 mg, 0.5 mg, two monthly packs of 1 mg for resident #18. 0.5 mg for resident #3.

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(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
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Two monthly pack of 1 mg for resident #6. Two monthly pack of 1 mg, one monthly pack of 0.5 mg and one monthly pack of 30 mg for resident #10. Two monthly pack of 30 mg for resident #8. Four monthly packs of 1 mg, two monthly packs of 30 mg for resident #11. One monthly pack of 15 mg, one monthly pack of 1 mg date filled for resident #14. Two monthly packs of 0.5 mg and one monthly pack of 30 mg for resident #15. Two monthly packs of 1 mg for resident #1. Five monthly packs of 2 mg for resident #17. Two monthly packs of 0.5 mg for resident #19. Five monthly packs of 1mg, one monthly pack of 30 mg and another one of 2 for resident #5. Two monthly packs of 0.5 mg for resident #12. One monthly pack of 15 mg for resident #7. One monthly pack of .75 mg and another one of 1mg for resident #4. Two monthly packs of three monthly packs 1mg and one monthly pack of 30 mg for resident #9. One monthly packof 1mg for resident #13. One monthly pack of 2 mg for resident #31. One monthly pack of 1mg for resident #34. Four monthly packs of 2 mg for resident #33.Two monthly packs of 2 mg for resident #32. Two monthly packs of 30mg and one monthly pack for 0.5 mg for resident #22 D/C . Three monthly packs of 1mg for

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resident #24 D/C . One monthly pack of 30 mg for resident #37 D/C . One monthly pack of 2mg for resident #23 DOA DOD . One monthly pack of 15 mg, two of 1 mg, one of 30 mg for resident #39 DOA DOD . One monthly pack 15 mg for resident #21 DOA
Further findings:

Record review on revealed that resident #35 ,Day of admission (DOA) (D/C) , #30 D/C , #29 D/C , #25 D/C , #27 D/C , #40 DOA DOD , #36 DOA D/C , #26 D/ #38 DOA D/C , #28 D/C

Observation on at 9:10 a.m. revelaed the following:
One monthly packs of 30 mg and another one of 0.5 mg for resident #35 DOA D/C
One monthly pack of 0.5 mg for resident #30 D/C . One monthly pack of 1mg for resident #29 D/C . One monthly pack of 1 mg for resident #25 D/C . Three monthly packs of , three monthly packs of 1mg for resident #27 D/C . One monthly pack of 1 mg for resident #40 DOA DOD .Two monthly packs of 1mg and one monthly pack of 0.5 mg for resident #28 D/C . Two monthly packs of

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A 055	Continued From page 15 0.5 mg for resident #36 DOA D/C . Five monthly packs of 2 mg for resident #26 D/C . One monthly pack of 40 mg for resident #38 DOA D/C Interview of administrator on around 1 p.m. revealed she did not know that medications cannot be stored in a garbage back or a carton case or that medications needed to be dispose once they have been abandone for more than 30 days. She stated she will ensure to keep medications locked at all times and to dispose medications once they have been abandoned. Administrator acknowledged the findings on at 2 p.m. Class III	A 055		
A 056	58A-5.0185(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident ' s name; and 2. Identification of each medicinal drug product in the container (b) Except with respect to the use of pill organizers as described in subsection (2), no person other than a pharmacist may transfer medications from one storage container to another.	A 056		

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(c) If the directions for use are " as needed " or " as directed, " the health care provider shall be contacted and requested to provide revised instructions. For an " as needed " prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations shall be specified; for example, " as needed for pain, not to exceed 4 tablets per day. " The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, shall be noted in the medication record, or a revised label shall be obtained from the pharmacist.
(d) Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident ' s health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident ' s medication observation record. The facility may then place an " alert " label on the medication container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident ' s medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed copy of a signed order is acceptable.
(f) The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to Section 465.0276(5), F.S., and

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Rule 64F-12.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer ' s packaging, which shall also include the practitioner ' s name, the resident ' s name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer ' s labeled package, they shall be kept in a container that bears a label containing the following:
1. Practitioner ' s name;
2. Resident ' s name;
3. Date dispensed;
4. Name and strength of the drug;
5. Directions for use; and
6. Expiration date.
(h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident ' s health care provider shall provide the resident with a written prescription, or a fax copy of such order.

This Statute or Rule is not met as evidenced by:
Based on observation and interview facility failed to have properly labeled two medications.

Findings include:

Observation on at 9:10 a.m. revealed a monthly pack of 30 mg filled on with 9 white capsules and a monthly pack of 1mg filled on with 4 white tablets that did not have a label that indicated practitioner's name, resident's name or directions for use of medications.

Interview of administrator on around 1 p.m. revealed that she did not have knowledge

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A 056	Continued From page 18 about existence of these medications. Administrator acknowleged findings on at 2 p.m. Class III	A 056		
A 160 SS=D	58A-5.024(1) FAC Records - Facility Records. The facility shall maintain the following written records in a form, place and system ordinarily employed in good business practice and accessible to Department of Elder Affairs and Agency staff. (1) FACILITY RECORDS. Facility records shall include: (a) The facility ' s license which shall be displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident ' s: 1. Date of admission, the place from which the resident was admitted, and if applicable, a notation the resident was admitted with a pressure ; and 2. Date of discharge, the reason for discharge, and the identification of the facility to which the resident is discharged or home address, or if the person is , the date of . Readmission of a resident to the facility after discharge requires a new entry. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intends to return pursuant to Rule 58A-5.025, F.A.C. (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).	A 160		

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(d) An up-to-date record of major incidents occurring within the last 2 years. Such record shall contain a clear description of each incident; the time, place, names of individuals involved; witnesses; nature of injuries; cause if known; action taken; a description of medical or other services provided; by whom such services were provided; and any steps taken to prevent recurrence. These reports shall be made by the individuals having first hand knowledge of the incidents, including paid staff, volunteer staff, emergency and temporary staff, and student interns.
(e) The facility ' s emergency management plan, with documentation of review and approval by the county emergency management agency, as described under Rule 58A-5.026, F.A.C., which shall be located where immediate access by facility staff is assured.
(f) Documentation of radon testing conducted pursuant to Rule 58A-5.023, F.A.C.;
(g) The facility ' s liability insurance policy required under Rule 58A-5.021, F.A.C.;
(h) For facilities which have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C.
(i) The admission package presented to new or prospective residents (less the resident ' s contract) described in Rule 58A-5.0182, F.A.C.
(j) If the facility advertises that it provides special care for persons with ' s or related , a copy of all such facility advertisements as required by Section 429.177, F.S.
(k) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C.
(l) All food service records required under Rule 58A-5.020, F.A.C., including menus planned and

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served; county health department inspection reports; and for facilities which contract for catered food services, a copy of the contract for catered services and the caterer ' s license or certificate to operate.
(m) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last two (2) years.
(n) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years.
(o) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.
(p) Additional facility records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively.
(q) The facility ' s resident elopement response policies and procedures.
(r) The facility ' s documented resident elopement response drills.

This Statute or Rule is not met as evidenced by:
Based on record review and interview facility failed to obtain record of major incidents for 2 out of 43 sampled residents (#42 and #43).

Findings include:

1.Record review for resident #42 revealed that she was released from jail to the facility on

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- . As per administrator during interview conducted on at 11:30 a.m., resident #42 had a monitor GPS device placed at her leg. As per administrator resident #42 used to only walk nearby and never tried to go far away from the facility. On close to lunch time resident #42 was observed by another resident walking close to a dollar store and far away from the facility. The other resident notified the administrator that resident #42 was observed close to Palm Avenue next to a dollar store. The administrator called the police. Resident was located within 20 minutes by police officers and escorted to the facility.

2. Record review for resident #43 revealed that he was released from jail to the facility on around 5:00 p.m. As per administrator during interview conducted on at 11:50 a.m., resident #43 had a monitor GPS device placed at his leg. The next day ( ) close to dinner time resident #43 removed the device from his leg and left the facility. Resident did not return that night. The next day around 2:00 pm the facility secretary's called the family to verify whether resident #43 was there or not. His nieces verified that indeed the resident was there. Resident stayed with his family until in the morning hours. He returned to the facility on close to lunch time.

Interview with administrator on at 12:30 pm revealed that facility's elopement policy indicated that all staff on premises was to look for the resident missing and to notify next of kin immediately. When administrator was question as of why facility did not follow the procedure in resident #41, #42 and #43s cases she could not provide an answer.

Record review for resident # 42and 43 revealed no written records of incidents for both residents.

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A 160	Continued From page 22 Administratoracknowledged the findings on [redacted] at 2:00 pm Class III	A 160		
A 165 SS=D	429.23 FS; 58A-5.0241 FAC Risk Mgmt & QA; Adverse Incident Report Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, " adverse incident " means: (a) An event over which facility personnel could exercise control rather than as a result of the resident ' s condition and results in: 1. [redacted]; 2. [redacted] or spinal damage: 3. Permanent [redacted]; 4. [redacted] or [redacted] of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident ' s condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or	A 165		

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(b) Resident elopement, if the elopement places the resident at risk of harm or injury.
(3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, by electronic mail, facsimile, or United States mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility ' s investigation of the incident.
(4) Licensed facilities shall provide within 15 days, by electronic mail, facsimile, or United States mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility ' s investigation into the adverse incident.
(6) , neglect, or , must be reported to the Department of Children and Family Services as required under chapter 415.
(7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply.
(8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief

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that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board.
(9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board.
(10) The Department of Elderly Affairs may adopt rules necessary to administer this section.

Adverse Incident Report.
(1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by Section 429.23(3), F.S., must be submitted within one (1) business day after the incident on AHCA Form 3180-1024, Assisted Living Facility Initial Adverse Incident Report-1 Day, 2006, and incorporated by reference. The form shall be submitted via electronic mail to riskmgmtps@ahca.myflorida.com; on-line at http://ahca.myflorida.com/reporting/index.shtml; by facsimile to (850)922-2217; or by U.S. Mail to AHCA, Florida Center for Health Information and Policy Analysis, 2727 Mahan Drive, Mail Stop 16, Tallahassee, Florida 32308-5403, telephone (850)412-3731. AHCA Form 3180-1024 is available from the Florida Center for Health Information and Policy Analysis at the address stated above. The Initial Adverse Incident Report is in addition to, and does not replace, other reporting requirements specified in Florida Statutes.
(2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported under subsection (1) above, the facility shall submit a full report within fifteen (15) days of the incident. The full

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report shall be submitted on AHCA Form 3180-1025, Assisted Living Facility Full Adverse Incident Report-15 Day, dated 2006, and incorporated by reference. The methods for obtaining and submitting the form are set forth in subsection (1) of this rule.

This Statute or Rule is not met as evidenced by:
Based on record review and interview facility failed to file an adverse incident report for 1 out of 43 sampled residents (#41).

Findings include:

Record review revealed that Resident #41 was admitted to Hialeah Hospital on due to an episode. On pm hours resident left the hospital and returned to the facility. The next morning the resident told staff #2 that he is going out for a walk and did not return to the facility. On facility ' s secretary called the police to report resident missing. Law enforcement investigation began at that time. On administrator received a phone call around 3:00 pm indicating that resident was found by the police and was admitted to a hospital (unit). On around 4:00 pm resident was returned to the facility. Upon arrival administrator noticed that resident was . At that time the administrator decided to send resident back to the hospital. When administrator was questioned on at 11:55 a.m. as if resident was still in the hospital, she replied" I don ' t know". Surveyor stated" do you think he left the hospital and if yes where did he go?" Administrator stated: " I don ' t know". Surveyor stated " is he missing? " Administrator stated " I

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DIVINE LIVING IN HIALEAH LLC	70 EAST 21ST STREET HIALEAH, FL 33010

(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 165	Continued From page 26 don ' t know " . With surveyors suggestion administrator called the hospital and was notified that resident was discharged to another Assisted Living Facility late at night. Administrator acknowledged the findings on at 2:00 pm Class III	A 165		

RICK SCOTT
GOVERNOR

AHCA
AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Divine Living In Hialeah Llc
70 East 21st Street
Hialeah, FL 33010

Dear Administrator:

Re: CCR # 2013002831

This letter reports the findings of a state complaint survey that was conducted on , 2013 by representative(s) 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 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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