STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910951	**07/05/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Divine Living In Hialeah Llc	**70 East 21st Street Hialeah, FL 33010**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0126 - 58a-5.021(7) Fac - Fiscal - Resident Accounting S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced licensure complaint survey, CCR #2013005483 was conducted on , 2013 & , 2013. Divine Living in Hialeah LLC. had deficiencies found at the time of the visit.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observation, record review and interview the facility failed to post an accurate activity calendar and failed to demonstrate residents' participation.

Findings include:

Observation conducted on at 1:20 PM of the bulletin board, in the common area, revealed the absence of an activity schedule.

On at 2:26 PM the administrator acknowledged the findings and said that they have one but did not post it up.

A review of the activity calendar revealed that from 2-5 PM Bingo is the activity. Observation conducted on at approximately 3 PM of bulletin board, in the common area, revealed a posted activity calendar but no residents were observed playing Bingo. Residents were observed sitting on the benches inside of the courier area and outside smoking.

On at 3:55 PM the administrator's assistant acknowledged the findings and said that the activity coordinator came today from 9-11 AM and then at 1-3 PM on Monday thru Friday. When asked to explain the discrepancy in what she had told me to what is posted on the activity calendar, she was unable to.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on record reviews and interview the facility failed to demonstrate that their written grievance procedure had been implemented upon receipt of a complaint.

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Findings include:

A review of the facility's complaint/grievance policy revealed the facility will, "investigate if resident's statement is true with staff and family... give a solution to this grievance... complete the complaint form, explain the solution and place a copy in the residents file."

On : at 1:34 PM, the administrator's assistant acknowledged receiving complaints from residents' regarding staff not returning clothing back to the residents after washing them. The administrator's assistant said that she had spoken with the caregiver supervisor and the supervisor found the clothes then returned them to the residents. The administrator's assistant acknowledged not documenting any information related to residents ' complaint about their missing clothes nor could she identified the residents from whom the complaint had originated.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to show that 3 out of 4 sampled staff (A, C, & D) had received the training ( ).

Findings include:

Record review of staff A revealed date of hire is ; staff C date of hire is I/ ; and staff D date of hire is . Further review revealed no documentation that showed staff A, staff C and staff D had received the training.

On at 3:42PM, the adminsitrator and the administrator's assistant acknowleged the findings.

Class III

0126-Fiscal - Resident Accounting 58A-5.021(7) FAC

Based on record review and interview, the facility failed to give the residents, who they are the representative payee of, with a monthly or quarterly statement.

Findings include:

Record review revealed the facility is the representative payee of 59 residents.

On :at 10:50 AM, the administrator's assistant acknowledged the findings and denied providing the 59 residents, who they are the representative payee of, with a monthly or quarterly statement.

Class III

AHCA

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

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

Dear Administrator:

Re: CCR #2013005483

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 (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.

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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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