STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911881	11/04/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Divine Senior Care, Inc.	4707 Oleander Avenue Fort Pierce, FL 34982	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments
An Assisted Living Facility biennial relicensure survey was conducted on . Divine Senior Care had licensure deficiencies found at the time of the visit.

This survey was done in conjunction with the 2nd Revisit to Complaint CCR #2013004821 and CCR #2013007993. Please refer to the separate reports for the findings.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and an interview, the facility failed to ensure a Resident Health Assessment (AHCA Form 1823) was completed with all required information, for 2 of 2 sampled residents (Residents #1 and# 2).

The findings include:

On , the Health Assessments for Residents #1 and #2 were reviewed. It was noted the Health Assessment did not contain Page 5 (last page) with documentation of the facility's plan of care for the residents, signed by the Administrator or designee. Additionally, Resident #2's assessment did not have a "Date of Exam" documented. The Administrator was interviewed at 4:15 PM and acknowledged these findings.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and an interview, the facility failed to ensure all staff had the required in-service training within 30-days of employment, for 2 of 2 sampled staff (Staff A and B).

The findings include:

On , the personal files for Staff A and B were reviewed and did not contain documentation of the following in-service training:

1) Staff A (hired
a) Emergency Procedures and Incident Reporting (one hour)
b) Facility's Elopement policy and procedure

2) Staff B (hired
a) Emergency Procedures and Incident Reporting (one hour)

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b) Reporting , neglect and and resident rights (one hour)

During interview with the Administrator at 3:30 PM on she acknowledged the documentation of the required in-service training was not available for review.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and an interview, the facility failed to ensure 1 of 2 sampled staff (Staff B) had 4 hours of initial training in assistance in self-administration of medication.

The findings include:

On the personal file for Staff B was reviewed, it was noted the file did not contain documentation of 4 hours of initial training in assistance in self-administration of medication.

During interview with the Administrator at 3:30 PM on she acknowledged documentation of the required training was not available for review and stated that this employee assisted residents with medication.

Class III
0090-Training - 58A-5.0191(11) FAC
Based on record review and an interview, the facility failed to ensure 1 of 2 sampled staff (Staff B) had a minimum of one (1) hour in-service training in the facility's policy and procedure completed within 30 days of hire.

The findings include:

On the personal file for Staff B was reviewed, it was noted the filed did not contain documentation of a minimum of one (1) hour in-service training in the facility's policy and procedure completed within 30 days of hire (date of hire

During interview with the Administrator at 3:30 PM on she acknowledged documentation of the required in-service training was not available for review.

Class III

0167-Resident Contracts 58A-5.025(1) FAC

Based on record review and an interview, the facility failed to ensure that the contract between the resident or the resident's representative and the facility was signed by both parties, for 1 out of 2 sampled residents (Resident #1).

The findings include:

On at 3 PM, Resident #1's contract for services with the facility was requested from the Administrator. During review of the resident's file, a contract could not be located. The Administrator stated during interview at

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this time that she did not have a contract executed by the resident and the facility.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Divine Senior Care, Inc.
4707 Oleander Avenue
Fort Pierce, FL 34982

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on , 2013 by a representative from 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 , **2014** 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure
XG90

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