STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910951	12/30/2013
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 - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

A Complaint (2013010765) Investigation Survey was completed at Divine Living in Hialeah. There were deficiencies identified at the time of survey.

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview the assisted living facility failed to have a personnel record for 1 out of 4 (#3) sampled staff members.

Findings include:

Record review found that the facility's payroll records documented that staff #3 was paid by the facility on the following dates: , , , , and . Record review found that the facility did not have a personnel record for staff #3.

Interview with the administrator and assistant administrator on at 12:50 p.m. confirmed that the facility did not have a personnel record for staff #3.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on record review and interview the assisted living facility failed to ensure that 1 out of 4 (#3) sampled staff members had a completed background screening prior to working at the facility.

Findings include:

Record review found that the facility's payroll records documented that staff #3 was paid by the facility on the following dates: , , , , and . Record review found that the facility did not have a completed background screening for staff #3.

Interview with the administrator and assistant administrator on at 12:50 p.m. confirmed that the facility did not have a personnel record for staff #3 which included a completed background screening.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Re: CCR #2013010765

Dear Administrator:

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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