STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911881	02/26/2014
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 - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= G
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= G
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Assisted Living Facility complaint inspection (CCR #2014000908) was conducted on at Divine Senior Care. The facility had licensure deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and interviews, the facility failed to ensure a resident is reassessed/evaluated upon significant health and/or behavioral changes, for 2 of 3 sampled residents (Resident #1 and #2).

The findings include:

1) Review of Resident #1's record revealed the resident was last examined on in which the results were documented on a Resident Health Assessment form. The assessment documents the resident's diagnosis as and Type II. The physical and sensory limitations are documented as good. The or behavioral status is documented as good. The resident's ADLs (Activities of Daily Living) on the form are documented as; independent with ambulation, eating, toileting and transferring, supervision with bathing, dressing, self care and toileting. The resident's current prescribed medications are documented as (0.5mg, 1/2 tablet by mouth daily and (5mg, 1 tablet everyday).

The Administrator was interviewed at 1:00 PM on and acknowledged Resident #1 had walked off the property and had been found by the neighbor next door on She acknowledged the resident had injured her wrist and was immediately transferred to the hospital and returned a few days later because " she kept taking her tubes out " in the hospital . She also stated the resident had left the facility and taken a former employee ' s car for a drive and was later found uninjured sometime last year. She stated during further interview at 3:30 PM on this date, that she had not had the resident

reevaluated after the incidents with a new health assessment/Form 1823 (last one completed but had contacted the resident ' s doctor to " ask for a behavioral drug " after she walked next door and stated he increased her (anti-a medication). She also confirmed the facility was not a secured facility and that residents were able to enter and exit the facility as they chose, mainly to sit on the front porch.

2) Review of Resident 2 ' s record revealed a health assessment dated that documents the resident's diagnosis as mild Type II, Accident, history of and recurring and The form documents under the status as "occasionally forgetful " . The resident's ADLs (Activities of Daily Living) on the form are documented as; independent with dressing, eating, self care, toileting and requires supervision with ambulation (with walker), bathing and transferring. The resident was admitted on Review of the resident ' s Nurse ' s Notes documented the resident walked out of the facility on and was hit by a car, was sent to the hospital and returned to the facility.

The resident was observed at 3:00 PM with a wrist on her left arm. During interview at 5:00 PM on she stated she had walked across the street to her brother ' s house (brother does not live across the street) and a car hit her. She said " it happened so long ago, I can ' t tell you all the details " . She stated she " is now more careful of the cars when she goes out " .

During interview with the Administrator at 3:30 PM on she stated the resident was not at risk for elopement and that the incident was an incident since the resident had no history of elopement. She stated medication) was started as a result of the resident ' s behavior and that the reason for the incident was because the resident was adjusting to her new environment as she was admitted shortly before on Review of Resident #2's hospital records on revealed the resident was sent to the emergency and had sustained a left arm as a result of being hit by the car.

During an interview at 3:30 PM on with the Administrator, she stated there were no new health assessments completed to accurately reflect the residents' current status as she stated their status had not changed. When asked why the current health assessments did not indicate that the residents were at risk for elopement and any special precautions to be taken, she stated the " doctor ' s don ' t fill the assessments out right " .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911881	02/26/2014
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)		

Please refer to A 0025, for additional findings.

Class II

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record review and interviews, the facility failed to provide adequate supervision of residents, specifically related to the prevention of elopement, for 2 of 3 sampled residents (Resident #1 and #2).

The findings include:

1) Review of Resident #1's record revealed the resident was last examined on in which the results were documented on a Resident Health Assessment form. The assessment documents the resident's diagnosis as and Type II. The physical and sensory limitations are documented as good. The or behavioral status is documented as good. The resident's ADLs (Activities of Daily Living) were documented as; independent with ambulation, eating, toileting and transferring, supervision with bathing, dressing, self care and toileting. The resident's current prescribed medications are documented as (0.5mg, 1/2 tablet by mouth daily and (5mg, 1 tablet everyday). Further review of the form revealed, the resident requires daily observation of wellbeing and whereabouts.

The Administrator was interviewed at 1:00 PM on and acknowledged Resident #1 had walked off the property and had been found by the neighbor next door on . She acknowledged the resident had injured her wrist and was immediately transferred to the hospital and returned a few days later because " she kept taking her tubes out " . She also stated the resident had left the facility and taken a former employee ' s car for a drive and was later found uninjured sometime last year. She stated during further interview at 3:30 PM on this date, that she had not had the resident evaluated after the incidents with a new health assessment/Form 1823 (last one completed) but had contacted the resident ' s doctor to " ask for a behavioral drug " after she walked next door and stated he increased her (anti-a medication). She also confirmed the facility was not a secured facility and that residents were able to enter and exit the facility as they chose, mainly to sit on the front porch.

Resident #1 was interviewed at 1:00 PM on and was unable to recall either of the aforementioned incidents. She was admitted on and is pleasantly , ambulating independently, and oriented to person only. She was not able to state where she was or the time or date. She had no identification on her person.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911881	02/26/2014
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)		

Resident Care Aide B was interviewed at 1:30 PM on and stated Resident #1 " always tries to go out " but said she will usually tell staff before she does, (the resident) stating that she wants to visit her mother. She stated she has not exhibited this behavior since she was found at the neighbor ' s house on but was not sure why.

Resident Care Aide A was contacted by phone on at 1:45 PM and stated she was the aide working at the time Resident 1 walked next door and that she and the Administrator were preparing dinner when they noticed she was gone on That was her first day working at the facility. She stated the Administrator and her found the resident next door with the neighbor with a possible injury to her wrist.

The neighbor was contacted by phone at 2:00 PM on and stated he found the resident in front of his home in the yard sitting on the ground on around 5:00 PM. He stated the resident said she had injured her wrist. He assisted the resident up and a staff member from the facility brought a wheelchair over to the resident. Shortly after, the paramedics arrived to his home and examined the resident. He did not know what happened after that.

Review of Resident 1 ' s record revealed a health assessment dated that did not document a diagnosis of or note anything about wandering, exit seeking behavior or risk for elopement. The resident ' s behavioral status was listed as " good " . The resident ' s " nurse ' s notes " indicated the resident went outdoors to the neighbor ' s yard and on was sent to the hospital and that the Administrator requested a " behavioral drug and got " on During interview with the Administrator on at 4:50 PM, she stated she called the doctor on and the was increased from ½ of .5 mg (twice a day) to .5 mg on this date. She stated the resident went to the physician last week when her son took her for her work. The only intervention put in place to prevent the resident from exiting the facility without supervision was the change in medication. A louder alarm for the front door was purchased but had not been installed as of this date Review of the resident's hospital records on documented Resident #1 was admitted to the hospital on and discharged on with a left wrist due to the noted above.

2) Review of Resident 2 ' s record revealed a health assessment dated that documents the resident's diagnosis as mild Type II, Accident, history of and recurring and The form documents under the status as "occasionally forgetful " . The resident's ADLs (Activities of Daily Living) on the form are documented as; independent with dressing, eating, self care, toileting and requires

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911881	02/26/2014
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)		

supervision with ambulation (with walker), bathing and transferring. The resident was admitted on . . . . . Review of the resident ' s Nurse ' s Notes documented the resident walked out of the facility on . . . . . and was hit by a car, was sent to the hospital and returned to the facility. Further review of the form revealed, the resident requires daily observation of wellbeing and whereabouts.

The resident was observed at 3:00 PM with a wrist . . . on her left arm. During interview at 5:00 PM on . , she stated she had walked across the street to her brother ' s house (brother does not live across the street) and a car hit her. She said " it happened so long ago, I can ' t tell you all the details " . She stated she " is now more careful of the cars when she goes out " .

During interview with the Administrator at 3:30 PM on . , she stated the resident was not at risk for elopement and that the incident was an . . . . . incident since the resident had no history of elopement. She stated . . . . . medication) was started as a result of the resident ' s behavior and that the reason for the incident was because the resident was adjusting to her new environment as she was admitted shortly before on . . . . The only intervention in place to prevent the resident from exiting the facility unattended was the change in medication. Review of Resident #2's hospital records on . . revealed the resident was sent to the emergency . . . . . and had sustained a left arm . . as a result of being hit by the car.

There were no adverse incident reports completed for either of the resident ' s incidents/elopements. The Administrator confirmed this during interview at 3:30 PM on . . . . and stated she thought the adverse incident reports were to be completed for incidents that occurred only on the facility ' s property. She stated there were no new health assessments completed to accurately reflect the residents' current status as she stated their status had not changed. When asked why the current health assessments did not indicate that the residents were at risk for elopement and any special precautions to be taken, she stated the " doctor ' s don ' t fill the assessments out right " .

Class II

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911881	02/26/2014
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)		

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC

Based on observation, record review and interviews, the facility failed to conduct, at a minimum, a daily effort to ensure 2 of 3 sampled residents (Resident #1 and #2) at risk for elopement have identification on them, that includes their name and the facility ' s name, address, and telephone number.

The findings include:

1) The Administrator was interviewed at 1:00 PM on and acknowledged Resident 1 had walked off the property and had been found by the neighbor next door on She acknowledged the resident had injured her wrist and was immediately transferred to the hospital and returned a few days later because " she kept taking her tubes out " . She also stated the resident had left the facility and taken a former employee ' s car for a drive and was later found uninjured sometime last year. She also confirmed the facility was not a secured facility and that residents were able to enter and exit the facility as they chose, mainly to sit on the front porch.

Resident #1 was interviewed at 1:00 PM on and was unable to recall either of the aforementioned incidents. She was admitted on and is pleasantly ambulating independently, and oriented to person only. She was not able to state where she was or the time or date. During this interview, it was noted the resident had no form of identification on her .

2) Review of Resident 2 ' s record revealed a health assessment dated that documents the resident's diagnosis as mild Type II, Accident, history of and recurring and The form documents under the status as "occasionally forgetful " . The resident was admitted on Review of the resident ' s Nurse ' s Notes documented the resident walked out of the facility on and was hit by a car, was sent to the hospital and returned to the facility.

The resident was observed at 3:00 PM with a wrist on her left arm. During interview at 5:00 PM on she stated she had walked across the street to her brother ' s house (brother does not live across the street) and a car hit her. She said " it happened so long ago, I can ' t tell you all the details " . She stated she " is now more careful of the cars when she goes out " . During this interview, it was noted the resident had no form of identification on her.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911881	02/26/2014
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)		

During an interview with the Administrator at 5:15 PM on she confirmed aforementioned incidents for both residents. She also stated neither of the residents who had a history of exit seeking behavior and elopements with subsequent injuries had identification on their persons on .

Please refer to A 0010 and A 0025, for additional findings.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC
Based on record review and an interview, the facility failed to ensure a 1 day and 15 day adverse incident reports were completed for the elopements, for 2 of 3 sampled residents (Resident #1 and #2).

The findings include:

1) Record review of Resident #1 file revealed she had eloped from the facility on , the resident walked off the property and had been found by the neighbor next door on . The resident was found with her wrist injured, resident transferred by ambulance to the local hospital. Further record review revealed the resident had left the facility and taken a former employee ' s car for a drive and was later found uninjured sometime last year. There was no evidence located within the resident's file indicating the facility had completed an adverse incident for both incidents.

2) Review of Resident #2's file (resident ' s Nurse ' s Notes) revealed the resident walked out of the facility on and was hit by a car, was sent to the hospital and returned to the facility (local law enforcement was involved). There was no evidence located within the resident's file indicating the facility had completed an adverse incident for this incident.

There were no adverse incident reports completed for either of the residents' incidents/elopements. The Administrator confirmed this during interview at 3:30 PM on and stated she thought the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911881	02/26/2014
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)		

adverse incident reports were to be completed for incidents that occurred only on the facility ' s property.

Please refer to A 0025, for additional findings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Re: CCR #2014000908

Dear Administrator:

This letter reports the findings of a Complaint Inspection Survey conducted on , 2014, by a representatives from the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within **five business days** of receipt of this hand delivered report.

The inspection resulted in findings of non-compliance in the following areas:

St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= G
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= G
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Directed Corrective Actions:
1. The Assisted Living Facility is required to evaluate all current residents (Resident #1-#9) to ensure continued residency criteria is met and that the facility is able to meet the care needs of each resident (including supervision).
2. The Assisted Living Facility is required to discharge any resident that no longer meets the continued residency criteria immediately.
3. The Assisted Living Facility is required to develop and establish a monitoring plan to ensure all adverse incidents are properly evaluated (documented) and required documents submitted to the Agency within the required timeframe (1 adverse incident report & 15 day adverse incident report).
4. The Assisted Living Facility is required to identify and document all residents that are at risk for elopement.
5. The Assisted Living Facility is required to ensure all residents that have been identified at risk for elopement have identification on them at all times that includes the resident's name, the facility's name, address and telephone number of the facility .

Divine Senior Care, Inc.
2014

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please call Catherine Anne Avery, Survey and Certification Support Branch at (850) 412-4505 or Tikel Wedges-Phoenix, Health Facility Evaluator Supervisor at (561) 381-5846.

Sincerely,

T. Wedges-Phoenix, Supervisor

Arlene Mayo - Davis
Field Office Manager

Received by: Administrator/Representative ADM Title Date: 3/13/14

HAND DELIVERED
3/12/14
11:00 AM (SIGNED)

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
6150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840 Fax (561) 498-5924