STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910951	09/09/2014
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 - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on , 2014. Divine Living in Hialeah had the following deficiencies at time of the survey.

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

Based on record review and interview the facility failed to provide appropriate supervision of 1 of 19 (#11) sample resident.

Findings included:

Observation during facility tour on @ 9:30 am revealed that resident #11 had her face with (front head & both eyes).

Resident record review on @ 10:00 am revealed that resident #11 ' s health assessment (form 1823) stated (precautions). However, there was no documentation reporting the resident #11 ' s .

An interview on @ 10:30 am with resident #11 revealed that she of the bed because she thought the bed was bigger. Resident #11 stated that a Nurse examined her and said that she was okay.

An interview on @ 11:00 am administrator revealed that he knew she was a precaution resident; however, she did not want to use the bed rail. Moreover, administrator revealed that he did not send an accident report because she did not go to the hospital and the RN stated that she was okay.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on record review, observation and interview the facility failed to have at least 2 elopement drills performed per year.

Findings as follow:

Record review on @ 10:30 a.m. revealed a document of the last elopement drill of the facility performed on .

An interview on @ 11:00 a.m. with administrator confirmed that the last elopement drill performed in facility was on .

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910951	**09/09/2014**
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)		

0162-Records - Resident 58A-5.024(3) FAC

Based on record review, observation and interview facility failed to have power of attorney documentation at time of survey.

Findings include:

Observed during resident tour on @ 9:40 am a bed with ½ bed rail belong to resident #12 in .

During a record review on @ 10:10 am showed thatresident #12 a consent for the use of bed rail was signed on per her daughter; however , there is no power of attorney in resident #12's personnel file.

During an interview on @ 10:22 am revealed that the Administration confirmed that the resident did not have a power of attorney in her personal file at time of survey.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on 9, 2014 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, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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