STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967998	12/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Diversity Me	3225 N Myrtle Ave Jacksonville, FL 32209	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= G

Specific Tag Findings:

0000-Initial Comments
An unannounced monitoring visit was completed on . Diversity Me had deficiencies at the time of visit.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and interview, the facility failed to ensure that medications were secured at all times.

The findings include;

During the tour of the kitchen on at approximately 3:40 PM, a med cart was observed in a small open pantry that was situated between the kitchen and the dining . Three residents were sitting at the dining . Employee #1 could not be seen during this observation. The med cart was unlocked. Upon pulling on a drawer of the med cart, the drawer opened revealing numerous medications. (photographic evidence obtained)

In an interview with Employee #1 at approximately 3:43 PM on , she confirmed the medication cart was left unlocked.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interview, the facility failed to provide a living environment that was free from hazards by obstructing the only access off of the property, at the rear exit. This obstrauction would not allow residents to evacuate the property in the event of an emergency. This potentially affected all 15 residents.

The findings include:

Upon walking up to enter the facility on at approximately 3:15 PM, the back yard was observed to be fenced in. There was a gate leading from the back yard to the street. There was a lock on the gate that required a code to open. Upon pulling on the gate during the observation, the gate would not open and required the lock to be removed for the gate to open. During further observation on at approximately 3:30 PM, it was observed that the back yard was accessed solely through the back door of the facility. The back door was observed to be the only egress outside, from the rear of the building. The perimeter of the fenced backyard was observed and revealed that the backyard was completely enclosed. There was approximately 10 feet of space from the back door to the fence. The gate that led to the street was located to the left of the back door. Walking around the fenced back yard, Employee #1 reported there was a second gate. Upon further inspection, it was not visible that a gate to lead to outside the perimeter was present. The "gate" was boarded up with wood and had debris laying against the wood. It was not readily accessible for exit in the event of an emergency. The gate that led off of the property, located to the left of the back door, was still locked with a lock that required a numeric code. It was not

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readily accessible for exit in the event of an emergency.(Photographic evidence obtained).

On _ _ _ at approximately 3:33 PM, Employee #1 confirmed that only staff and one resident had the code to unlock the back gate. She reported that the gate is locked to keep people wandering from the community onto the property. She confirmed that the second " gate " was not accessible.

Class II

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Diversity Me
3225 North Myrtle Avenue
Jacksonville, FL 32209

Dear Administrator:

This letter reports the findings of a state licensure monitoring visit that was conducted on , 2014 by representatives 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 surveyors. Should you have any questions please call this office at .

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JPL/JM/sm
Enclosure

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