STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910951	06/10/2015
NAME OF PROVIDER OR SUPPLIER **DIVINE LIVING IN HIALEAH LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **70 EAST 21ST STREET** **HIALEAH, FL 33010**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A Monitoring Survey was conducted on / / . Divine Living in Hialeah with Limited Mental Health component had the following deficiencies.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interviews, the facility failed to treat four of 74 residents with dignity and respect (Residents # 2, 3, 4, and 8). The facility did not install a privacy screen for persons needing to use a urinal in their their was present. The facility staff also used resident personal beds and closets to fold and sort linen for the entire facility.
Findings Included:
On at 10:45 a.m., observed two ½ full urinals on the nightstands in Resident # 4 ' s . There were two beds in the , and two residents lived there. There was no privacy screen in the .
At 11:55 a.m. on / , the Administrator stated that Resident #4 ' a is hardly in the that the resident goes into the use the urinal.
At 11:43 a.m. on , Resident #4 stated that he does use this urinal during the night at his bedside and his is present in the he does this.
At 10:35 a.m. on / , several sets of washed linen were observed covering the beds and being stored in two portable closets in in Residents # 2 ad 3 ' s . There was also a shopping cart in the with linen. Observed staff coming in and out of the get linen for the rest of the facility.
At 10:36 a.m. on / , Residents # 2 and 3 were observed seated in the living . Due to their health condition, the residents were not able to express whether or not they had given consent for their be used for this purpose.
At 10:40 a.m. on , 2 of the 3 portable closets in Resident #8 ' s observed to also contain linen for the entire facility. Staff were observed going in and out of the get linen.
At 1:14 p.m. on , Resident #8 stated that staff folds laundry on his bed and stores it in the closets in his . The resident stated that staff comes in and out of his get linen and he feels that they do it because there ' s a television they can watch while they work.
At 11:56 a.m. on / , the Administrator states that facility staff has been using the residents ' to store and fold the facility ' s linen because they have no other place to fold it.
Class III

0161 Records - Staff

Based on observation, interviews and record reviews, the facility failed to maintain a complete staff record for three of three sampled employees (Employees #A-C).

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Findings Included:
Record review on / / that there was no job description for Employee #A in the employee record.
Record review revealed that there was only a record of one training (Food and Nutrition) in employee # A ' s record.
At 1:43 p.m. on / / the Administrator acknowledged that there was no job description and only a record of one training (Food and Nutrition) in Employee # A ' s file. He stated that the employee only worked in the office.
At 1:52 p.m. on / / , Employee # A was observed going into the community and into a resident talk with a resident while following up on a resident ' s concern about hot water.
Record review revealed that there were no employment references in the personnel file for Employee # B.
At 1:30 p.m. on / / , the Administrator acknowledged that there are no references in Employee #B ' s record.
Record review revealed that there was no personnel record or contract employee agreement for Employee #C.
Class III

Z815 Background Screening: Prohibited Offenses

Based on observation, interview and record review, the facility failed to obtain an eligible Level II Background Screening for one of three sampled employees (Employee #C).
Findings:
Between 10:28 a.m. and 2:15 p.m. on / / , Employee #C was observed in several resident and interacting with several residents. Employee C was not accompanied by other staff.
At 2:15 p.m. on / / , Employee #C stated that he is the owner ' s brother and that his brother, sister and cousin work at the facility. He passes by to say hello, and helps them with repairs and other tasks around the facility.
At 2:15 p.m. on / / , the Administrator stated that Employee #C did not have a background screening because he only but helps fix things in resident sometimes, or helps move furniture.
Record review on / / revealed that there was no personnel record or contract employee agreement for Employee #C.
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a Monitoring Survey that was conducted on , 2015 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

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