STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967998	**07/14/2015**
NAME OF PROVIDER OR SUPPLIER **DIVERSITY ME**	STREET ADDRESS, CITY, STATE, ZIP CODE **3225 N MYRTLE AVE JACKSONVILLE, FL 32209**	

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

0000 Initial Comments

A biennial licensure survey was conducted on . Diversity Me Assisted Living had deficiencies found at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observation, interview and record review, the facility failed to ensure that unlicensed staff provided assistance with self-administration of medication as prescribed by a physician, and failed to ensure that unlicensed staff did not assist a resident with self-administration of medication based on their own assessment of the resident ' s condition for seven of fifteen residents (Residents #1, #5, #7, #8, #9, #10 and #11).

The findings included:

1) An observation of assistance with self-administration of medication by Employee A for Resident #1 on at 12:22 p.m. revealed the following: Employee A washed her hands and unlocked the medication cart, pulling out Resident #1 ' s / (pain relief) tablets. Employee A placed one pill (5-325 mg (milligrams) in a plastic cup and handed it to Resident #1, who took the medication with a cup of water. Employee A sanitized her hands and replaced the medication in the cart.

A review of the medication bottle for Resident #1 ' s / revealed that the instructions read as follows: 5-325 mg tablets. Take one tablet by mouth twice daily. (Photographic evidence obtained)

A review of Resident #1 ' s 2015 Medication Observation Record (MOR) revealed the following: / 5-325 mg tablets, take one tablet by mouth twice daily at 8:00 a.m. and 8:00 p.m. (Photographic evidence obtained)

A / review of Resident #1 ' s Health Assessment dated revealed an order that read, 5-325 mg, 1 tab 2x prn (as needed). An undated, typed medication list in Resident #1 ' s clinical record did not list this medication. (Photographic evidence obtained)

During a interview with Employee A at 1:45 p.m., she stated that she was aware that Resident #1 ' s / was ordered twice daily on a routine basis at 8:00 a.m. and 8:00 p.m., but she stated that if Resident #1 appeared to be in pain, or expressed that she had pain, Employee A would give her another / pill anyway.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967998	07/14/2015
NAME OF PROVIDER OR SUPPLIER **DIVERSITY ME**	STREET ADDRESS, CITY, STATE, ZIP CODE **3225 N MYRTLE AVE** **JACKSONVILLE, FL 32209**	

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

2) A / review of the facility ' s 2015 MORs at 2:00 p.m. revealed that Resident #5 ' s 8:00 a.m. scheduled (protease inhibitor) for had not been signed as given, and Resident #11 ' s 8:00 a.m. scheduled ( ) for / had not been signed as given. Further review if the MORs revealed that Resident #9 ' s 8:00 a.m. scheduled for had not been signed as given, Resident #8 ' s 12:00 p.m. scheduled (for pain) for had not been signed as given, nor had her 12:00 p.m. dose of ( ). Resident #10 ' s 12:00 p.m. scheduled (for) for had not been signed as given either. (Photographic evidence obtained)

During a interview with Employee A at 4:48 p.m., she was asked why Resident #5 ' s, Resident #8 ' s, Resident #9 ' s, Resident #10 ' s, and Resident #11 ' s medications had not been signed out at 8:00 a.m. and 12:00 p.m. on as noted above. She stated that they had not been signed off, because they had not been given yet. Employee A stated that all of these residents " usually " returned from their day programs by 1:30 p.m., and she gave those medications when they returned. She went on to say, " Today they must be on a trip or something. I don ' t know why they ' re late, but I ' ll give it when they get home. "

3) Further review of the 2015 MORs for Resident #7 on revealed that she had not received her scheduled 8:00 a.m. ( ) since . (Photographic evidence obtained)

During a / interview with Employee A at 4:48 p.m., Employee A confirmed that Resident #7 had not received her over the last week, and explained that the reason was due to Resident #7 ' s physician wanting to see Resident #7 first. Employee A stated that Resident #7 was supposed to have seen her physician at her day program on , but that she had not returned home yet.

Class III

0082 Training - /

Based on employee record review and interview with the administrator, the facility failed to provide 1 out of 3 sampled employees (Employee B) training in ( ) within 30 days of hire.

The findings include:

A review of Employee B's file revealed a date of hire of / . Further review found no documentation of training in .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967998	**07/14/2015**
NAME OF PROVIDER OR SUPPLIER **DIVERSITY ME**	STREET ADDRESS, CITY, STATE, ZIP CODE **3225 N MYRTLE AVE JACKSONVILLE, FL 32209**	

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

In an interview with the administrator on at 4:45 pm, she confirmed Employee B does not have documentation of training in .

Class III

0093 Food Service - Dietary Standards

Based on observation, record review and interview, the facility failed to maintain a current substitution log, or to post substitutions before or when the meal was served. The facility also failed to ensure that all fifteen residents were provided with a sufficient supply of eating ware.

The findings include:

1) A tour of the facility on at 12:40 p.m. revealed an inadequate number of bowls (there were seven) and silverware for fifteen residents. Three metal forks were produced, and one of them was not able to be used as it was bent. There were no knives, and one metal spoon was produced. There were also approximately ten plastic disposable spoons observed in a plastic jug. (Photographic evidence obtained)

During a / interview with Employee A at 12:50 p.m., she stated, " We usually use plastic silverware for the residents, then we throw it away after they eat. We don ' t give them knives. " She acknowledged that there were not enough bowls or silverware in the facility for fifteen residents.

2) Observation of the lunch meal for three residents at 12:25 p.m. on revealed that they received take-out food and drinks consisting of hamburgers with lettuce and tomato, French fries, and each received a can of soda. The dietitian ' s menu indicated that lunch should consist of three slices of pizza with any toppings, one cup of tossed salad, ½ cup of canned fruit and a beverage. This week ' s menu was Week Three per Employee A at 12:25 p.m. on / .

During a / interview with Employee A at 12:25 p.m., she stated that she was not preparing lunch, and instead the facility had ordered take-out meals for the residents. When asked whether she had explained to the residents that they were receiving something different for lunch than what was on the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967998	07/14/2015
NAME OF PROVIDER OR SUPPLIER **DIVERSITY ME**	STREET ADDRESS, CITY, STATE, ZIP CODE **3225 N MYRTLE AVE** **JACKSONVILLE, FL 32209**	

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

menu, she stated that she had not. When asked whether she had posted the substitution, she replied that she had not.

Observation of a handwritten, undated calendar/menu taped to the refrigerator in the kitchen on / at 11:10 a.m. revealed spaces titled " Breakfast, Lunch, and Dinner " . Beside the lunch title on Sunday was written " noodles " , on Tuesday was written " tuna crackers " , and on Saturday was " peanut butter and jelly sandwiches " . Beside breakfast on Wednesday was " pop-tarts, 2 each and a glass of milk " , and on Monday was " pancakes and boiled eggs " . Beside dinner on Sunday was written " beanie weenie over rice and dinner rolls " , on Monday was " turkey neck, rice, lima beans, potato salad " , and on Wednesday was written " neck bones, potatoes, tomatoes over rice and corn bread " . (Photographic evidence obtained)

During a / interview with Employee A at 11:15 a.m., she stated that the menu provided by the dietitian was posted in the hall adjacent to the dining , but that the facility used the handwritten calendar/menu that was posted on the refrigerator to make the meals. She stated, " It says the same thing as the other menu. " A review of the dietitian ' s menu dated revealed no reference to beanie weenies, turkey necks, neck bones, tuna crackers, or noodles (alone as a meal).

A / / review of the facility ' s substitution log at 1:00 p.m. revealed that for 22 days during the month of 2015, a substitution had been made during at least one meal, and for 12 days thus far during the month of 2015, a substitution had been made for at least one meal. There were no records of any substitutions prior to 2015, and there was no documentation of the lunch substitution during the survey on / / . (Photographic evidence obtained)

During a interview with Employee A at 1:00 p.m., after she had spoken with the administrator, revealed that the facility had not substituted any meals prior to 2015.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to ensure a safe and comfortable living environment to ensure all resident had a working light for 1 of 10 ( ), failed to

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967998	07/14/2015
NAME OF PROVIDER OR SUPPLIER **DIVERSITY ME**	STREET ADDRESS, CITY, STATE, ZIP CODE **3225 N MYRTLE AVE** **JACKSONVILLE, FL 32209**	

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

ensure smoke detectors were in proper working order and free from pests and vermin, which has the potential to adversely affect 15 of 15 residents residing in the facility.

The findings include:

1) During a biennial re-licensure survey at 10:42 am during a tour of the facility, an observation of revealed the lamp did not have a light bulb in it. There was no overhead light in this . Employee A stated there was not a light bulb in the lamp, but she works the day shift and does not see the light on in this .

On an interview with Resident #4 was conducted at 4:50 pm. He stated he moved in a week ago and there was not a working light in his he arrived at the facility. Resident #4 move in date was .

2)On at 10:30 am upon entry to the facility, a smoke detector downstairs was heard beeping.

On at 10:45 am an observation of revealed the smoke detector was beeping. An interview with Resident #2, who was lying on the bed in , said it had been beeping for a few days. Employee A who accopmpanied the tour also confirmed the smoke detector beeping.

An observation of on at 10:47 revealed gnats and fruit flies flying around and on the bed. The bottom sheet had black debris on the sheet. The a noxious odor of like odor that was so offensive it was difficult to stay in the more than a few minutes. There was a dry black substance splatted on the wall by the head of the bed. There was also debris build up in the corners of the baseboard. Another area on the lower wall on the opposite side of the head of bed revealed a larger area of something splatted on the wall, which was also dry. Employee A stated the resident who resides in this on the floor and bed. The bed did not have a protective cover over the mattress. (Photographic evidence)

During an interview in with Resident #1 on at 11:11 am, the smoke detector in her beeping. Observed fruit flies on her dresser, on a wet wash cloth on the dresser, on the mirror and her bedside table. The fruit flies were flying around in the well. The resident stated she could not hear the smoke detector beeping and she did not notice the fruit flies because of poor vision. (Photographic evidence)

Employee A entered on at 11:30 am and confirmed fruit flies on the dresser and wet wash cloth, as well as flying around the . She also confirmed the smoke detector beeping.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967998	**07/14/2015**
NAME OF PROVIDER OR SUPPLIER **DIVERSITY ME**	STREET ADDRESS, CITY, STATE, ZIP CODE **3225 N MYRTLE AVE JACKSONVILLE, FL 32209**	

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

An interview with the administrator on at 11:32 am revealed she was unaware of the fruit flies in . She said pest control had been to the facility a few months ago, but she was unable to locate any record of this. She confirmed the offensive odor in was due to a resident who urinates on the floor and her bed. She stated the wood floor would have to be replaced.

At 1:14 pm on the smoke detectors continued to beep downstairs.

An interview with the administrator at 5:05 pm on / revealed she does not complete a log of when the smoke detectors were last checked and the batteries replaced. She said she changes the batteries when the smoke detectors beep. She said she has not heard them beep.

3) On a tour of the kitchen commenced at 11:10 a.m. revealed Employee A accompanied the surveyor in order to unlock kitchen cabinets containing food items for the residents. During the kitchen tour, a mouse was observed inside of a closed, locked kitchen cabinet above the kitchen counter. It did not move when the door was opened. It did not appear alive. Per Employee A at 11:12 a.m., "Mice keep getting into that cabinet. That's why we don ' t put any food in that side of the cabinet. They don ' t get into the one next to it, though. We don ' t know how they are getting in there." A continued tour of the kitchen with Employee A revealed a plastic garbage can with lid containing snack foods and dry goods. Employee A explained that some food supplies were stored in the can. She pulled out a bag of instant potatoes and some snack items then replaced them and the garbage can lid. An foil package of an unknown substance was observed in the refrigerator door. It was unmarked and undated. Snack foods were observed in the left side of the cabinet where the mouse was observed. Employee A closed the cabinet and re-locked it with the mouse still in it. Flies were observed inside of the facility on the lower level throughout the survey. They were concentrated near the kitchen and back entryway of the home.

An interview on with the administrator at 11:44 a.m. revealed that she was aware that she had mice in her kitchen. She stated, "That's why I have pest control scheduled to come out on Thursday." She stated that the pest control company came to the facility for bugs and rodents. She stated that she was looking for documentation of the last time pest control came to the facility. She was not able to produce any documentation during the survey which would confirm that a pest control company had been in the facility.

Class III

0161 Records - Staff

Based on employee record review and interview with the administrator, the facility failed to obtain

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967998	**07/14/2015**
NAME OF PROVIDER OR SUPPLIER **DIVERSITY ME**	STREET ADDRESS, CITY, STATE, ZIP CODE **3225 N MYRTLE AVE JACKSONVILLE, FL 32209**	

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

references with the job application for 1 of 3 sampled employees (Employee C).

The findings include:

Record review of Employee C file revealed a date of hire of . There were no references included with the job application.

In an interview with the administrator on / at 3:44 pm, she confirmed Employee C did not have references included in her file.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Diversity Me
3225 North Myrtle Avenue
Jacksonville, FL 32209

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 14, 2015 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. **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 surveyors. Should you have any questions please call this office at -4201.

Sincerely,

a Meyering, QIDP
Health Facility Evaluator Supervisor

MB/JG/sm
Enclosure
XG90

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida