STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910951	07/07/2015
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 complaint inspection (Complaint # 2015007121) was conducted on . . Deficiencies were found at the time of the survey,

0007 Admissions - Criteria

Based on observation, interviews and record review, the facility failed to adequately assess one of two sampled residents for appropriateness for admission. Resident # 2 was bedridden, unable to transfer with assistance, required medication administration and could not perform activities of daily living with supervision or assistance.
Findings:
On , at 12:46 p.m., Resident # 2 was observed lying in bed at the facility. Resident #2 said he had been living there since and no nursing services had been provided.
On at 12:46 p.m. during a tour of the facility Resident #2 requested assistance, stating that he needed total care and that he wished to be transferred to a nursing home because the facility staff was unable to care for him adequately. The resident stated that he was not able to assist staff in feeding him, giving him medications, attending to his personal hygiene or toileting, or transferring to a wheelchair. He stated that he sometimes yelled for fifteen or more minutes in order to get staff attention when he needed assistance because there was no other way for him to call staff. The resident stated that he had sustained an injury on his knee when facility staff had " stuffed him in a car " to transport him to the Social Security office to transfer his payments to the facility address. He stated that they were not trying to harm him, but were not trained to transport him and did not have the right kind of vehicle to do so because of his physical condition.
A review of Resident #2 ' s records from the hospitalization preceding his admission to the facility, and a review of Health Assessment form 1823 revealed that the resident was diagnosed with spinal cord injury which rendered him non-ambulatory. Record review also revealed that the of the resident ' s hands was noted.
On , observation of medication pass to the resident at 2:00 p.m. revealed that Resident #2 the resident was unable to open or lift his hands to take his medication. Staff #2, who was performing medication pass, placed the medication into the resident ' s mouth.
A review of the personnel record revealed that Staff #2 is not a registered nurse or other licensed health care provider.
During a telephone interview at 5:33 p.m. with the physician completing the Health Assessment Form 1823, the doctor stated that he was not aware of Resident #2 ' s inability to transfer with assistance or of his need for medication administration. He stated that the resident ' s condition must have changed after he had completed the assessment, but that the staff had not reported the change in condition to him.

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On at 5:35 p.m., the Administrator acknowledged that Resident #2 was not an appropriate admission for the facility. He stated that they were trying to be good people by taking the resident in because the hospital said that they had nowhere else to place him.
Class III

0025 Resident Care - Supervision

Based on interviews and record review, the facility failed to provide supervision adequate to meet the needs of one of 74 residents (Resident #1). The resident left the facility without staff verifying his destination or taking any actions when he did not return as expected by 9:00 p.m. The resident was still missing after 7 days at the time of the survey.
Findings:
On , record review revealed that resident #1 was admitted to the facility on , stating that he wanted to live there again because all of his money and belongings had been taken while he was living away.
On , a review of the AHCA form 1823 Health Assessment dated revealed that Resident #1 was diagnosed with , , and Prostatic Hyperplasia. The assessment states that the resident needs assistance with handling personal and financial affairs.
On , record review revealed no documentation that an assessment of possible changes in Resident #1 ' s abilities or needs was conducted since his last stay which ended on despite his expressed vulnerability to when he returned to live at the facility on .
During an interview on at 4:37 p.m., the Administrator stated that the resident left at 11:00 a.m. to go and cash his check. Staff did not obtain information from the resident about where his check was or where he was going to cash it.
On , a review of the staff log revealed that staff wrote " street " for the resident ' s whereabouts on between 2:30 and 10:00 p.m. A note at the close of the shift states that the resident did not return.
On , a review of Resident #1 ' s record revealed that there was no progress note about the resident being missing or about any interventions made to address his failure to return to the facility. There was no documentation that case management agency was notified of the resident ' s absence.
During an interview on at 5:33 p.m., the Administrator stated that Resident #1 had only a sister who he was estranged from and so there was no one for the facility to contact.
On , a review of Resident #1 ' s record revealed that no emergency contact or next of kin is documented in the resident record. There was no documentation in the resident record to indicate that he had an estranged sister.
During an interview on at 4:37 p.m., the Administrator stated that residents do not sign out and are not required to tell staff where they are going, even when they will be gone overnight. They are supposed to call the facility and let staff know that they are spending the night elsewhere. Staff keeps a

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record of residents who are out of the facility in the staff log. He further stated that the facility does not keep a list of addresses or telephone numbers where residents can be reached if they are staying away overnight.
During an interview on at 4:37 p.m., the Administrator stated that residents are expected to return by 9:00 p.m. When they do not return, staff waits until 24 hours have passed, then a missing person ' s report is filed and all of the resident ' s contacts are called.
On , record review revealed police and incident reports were filed at 7:51 p.m. on when the resident had been missing for almost 32 hours, starting at 11:00 a.m. on .
During an interview on at 4:37 p.m. p.m., the Administrator stated that the police and incident reports were filed late because he was the only person that could file them, and he did so as soon as he saw the information in the staff log. He stated that he had a family emergency which prevented him from following up about the residents wellbeing or completing the reports timely. He stated that the alternate administrator was not available to supervise the facility because he was out of the country
On , record review revealed that the police report was filed by staff C at 11:51 p.m. on and not by the Administrator.
On , record review revealed that the Administrator, Alternate administrator and Employees #1-18 have all been trained about incident reporting requirements.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015007121

Dear Administrator:

This letter reports the findings of a state licensure 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
XG90

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