STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911881	07/15/2015
NAME OF PROVIDER OR SUPPLIER DIVINE SENIOR CARE, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 4707 OLEANDER AVENUE FORT PIERCE, FL 34982	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted on 7/15/15 at Divine Senior Care, Inc. The facility had deficiencies found at the time of the visit.

Please note this survey was conducted in conjunction with the licensure complaint survey, CCR#2015004832 on the same date. Please see separate report for findings.

0008 Admissions - Health Assessment

Based on resident record review and staff interview, the facility failed to obtain a complete initial Health Assessment (AHCA Form 1823), for 1 of 2 residents whose records were reviewed (Resident #1).

The findings include:

On , a review of Resident #1's initial Health Assessment, dated / , was conducted. It is noted that Section 2-B, part B, is blank, with no indication as to whether Resident #1 needs help taking his medication, and if help is needed, whether the Resident requires medication assistance or medication administration. There is also no documentation that the resident is able to administer medication without assistance.

On / at 1:30 PM, the Administrator acknowledged that all sections of Resident #1's Health Assessment had not been completed, and the initial Health Assessment did not provide the necessary information to determine the resident's medication needs.

Class III

0078 Staffing Standards - Staff

Based on employee record review and staff interview, the facility failed to ensure staff provide annually, a written statement from a health care provider documenting evidence of a negative examination for 1 of 3 facility staff (Employees A).

The findings include:

During review of Employee A's personnel record on / / , verification of a current, annual negative examination, provided and signed by a health care provider, could not be located within Employee A's file.

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During interview with the Administrator on 7/15/15 at 3:00 PM, she acknowledges the lack of documentation showing negative examination for Employee A.

Class III

0081 Training - Staff In-Service

Based on employee record review and staff interview, the facility failed to provide or arrange for the required in-service training for 2 of 3 facility staff (Employees A and B) within 30 days from date of hire.

The findings include:

1) Employee A is a Certified Nursing Assistant and Medication Technician, and her date of hire is / /. During review of Employee A's personnel record on / , verification of completion of the following required in-service training, within 30 days from date of hire, could not be located within Employee A's file:

a) Emergency Preparedness and Evacuation Procedures

2) Employee B is a Resident Care Assistant and Medication Technician, and her date of hire is . During review of Employee B's personnel record on / / , verification for the completion of the following required in-service trainings, within 30 days from date of hire, could not be located within Employee B's file:

a) Activities of Daily Living (ADL) and Behavioral Needs
b) Elopement Response Policies & Procedures
c) Emergency Preparedness and Evacuation Procedures
d) Incident Reporting
e) Resident Rights
f) Recognizing/Reporting , Neglect &
g) Nutritional and Safe Food Handling

During interview with the Administrator on at 3:00 PM, she acknowledges the lack of documentation showing completion of the required in-service trainings for Employees A and B.

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Class III

0083 Training - First Aid and

Based on employee record review and staff interview, the facility failed to ensure a staff member who has completed courses in First Aid and , and holds a currently valid card documenting completion of such courses, is in the facility at all times. Two of 3 facility staff members whose files were reviewed were not currently certified in First Aid and (Employees A and B).

The findings include:

During review of Employee A and Employee B's personnel records on / , a currently valid First Aid or certification card could not be located for either employee. Both employees work various shifts, as needed.

During interview with the Administrator on / / at 3:00 PM, she could not provide verification that a staff member with current and First Aid was in the facility at all times.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on employee record review and staff interview, the facility failed to ensure staff complete the required annual 2 hour continuous education training on providing assistance with self-administered medications and safe medication practices, for 2 of 3 facility staff who are Medication Technicians (Employees A and C), and who assist residents with self-administered medications.

The findings include:

1) Employee A, whose hire date is / , completed the initial 4 hour Medication Training on . During review of Employee B's personnel record on / , there was no further documentation showing completion of the required annual 2 hour continuing education trainings for 2014 and 2015.

2) Employee C, whose hire date is / / , completed the initial 4 hour Medication Training on . During review of Employee B's personnel record on / , there was no further documentation showing completion of the required annual 2 hour continuing education trainings for 2013, 2014, and 2015.

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During interview with the Administrator on 7/15/15 at 3:00 PM, she acknowledges the lack of documentation showing completion of the required annual 2 hour updates.

Class III

0085 Training - Nutrition & Food Service

Based on employee record review and staff interview, the Food Designee failed to obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility (ALF), provided by licensed/certified individuals qualified to train ALF staff in nutrition and food service.

The findings include:

On , during review of the Food Designee's employee file, verification of the completion of an annual 2 hour continuing education training in Food and Nutrition could not be located. During an interview with the Food Designee on / at 2:45 PM, she acknowledges she has not completed the 2 hour annual Food and Nutrition Training.

Class III

0090 Training -

Based on employee record review and staff interview, the facility failed to provide or arrange for the required in-service training on the facility's policies and procedures regarding ( ), for 1 of 3 facility staff (Employee B) who provide direct care to residents within 30 days from date of hire.

The findings include:

1) Employee B's date of hire is / . During review of Employee B's personnel record on / , verification for the completion of an in-service training on the facility's Policies and Procedures, within 30 days from date of hire, could not be located within Employee B's file.

During interview with the Administrator on at 3:00 PM, she acknowledges the lack of documentation showing completion of the required in-service training for Employee B.

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Class III

0093 Food Service - Dietary Standards

Based on observation, facility record review, and staff interview, the facility failed to have all regular and therapeutic menus used by the facility reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian or licensed nutritionist, to ensure the meals meet the nutritional standards established by current USDA Dietary Guidelines for Americans, 2010.

The findings include:

During dining observation on / at 11:45 AM, the posted menu which had been signed by a registered dietitian, was dated / . The / date had been crossed out and a new date of / was written beside the older date. It is not known if the date was added by the registered dietitian, as the menu was not re-signed or initialed next to the new date. No other menu was provided for review.

During interview with the Administrator on / at 1:00 PM, she acknowledged she did not have a current signed copy of an approved menu. The Administrator stated, "The menu has been submitted for review, but I haven't gotten it [the approved copy] back from the Dietitian."

Class III

0167 Resident Contracts

Based on resident record review and staff interview, the facility failed to notify the resident or resident's legal representative within 30 days prior to rate increase for 1 of 2 residents whose contracts were reviewed (Resident #7).

The findings include:

On , during review of Resident #7's contract with the facility, dated , it is noted that the monthly rate documented on the contract is $1800. During an interview with the Administrator on / at 2:30 PM, it was revealed the current monthly rate being paid by the resident/resident's representative is $2200. The Administrator was asked to provide documentation showing a 30 day written notice of rate increase was provided to the resident/resident representative. The Administrator stated she had not provided a 30 day written notice of the rate increase to either the resident or her legal representative.

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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Divine Senior Care, Inc.
4707 Oleander Avenue
Fort Pierce, FL 34982

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on , 2015 by a representative from 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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