STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967998	**09/08/2015**
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

An unannounced complaint survey, CCR# 2015006394, was conducted at Diversity Me in Jacksonville, Florida on [redacted], 2015. Deficient practice was identified as a result of the survey.

0009 Admissions - Admission Package

Based on record review and staff interview, the facility failed to ensure that the resident contract included the availability of transportation and additional costs to the resident, if any, for three of three resident contracts reviewed. (Residents #1, #2 and #3)

The findings included:

A review of the facility/resident contract revealed that there were no transportation services listed in the contract. (Photographic evidence obtained)

A interview with the administrator at 10:56 a.m. revealed that all services provided by the facility were documented on the resident contract. When the administrator was made aware that the contract did not address transportation options for the residents and/or any additional costs to the residents for same, she agreed that it didn't. She stated that she would add that information to the contract.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[illegible], 2015

Administrator
Diversity Me
3225 North Myrtle Avenue
Jacksonville, FL 32209

RE: CCR #2015006394

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on [illegible] 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than 16, 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://ah[illegible].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 [illegible]-4201.

Sincerely,

Sana Meyering

[illegible]a Meyering, QIDP
Health Facility Evaluator
Division of Health Quality Assurance

JD/JM/sm
Enclosure
XG90

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