STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910951	09/15/2015
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 Survey (CCR# 2015007381) was conducted on . Divine Living in Hialeah Assisted Living Facility with Limited Mental Health component had the following deficiencies found at time of the survey:

0162 Records - Resident

Based on record review and interview the Assisted Living Facility failed to have evidence of a power of attorney for one out of three (Resident #1) sampled residents.

Findings included:

Record review on revealed Resident #1 was admitted at the Facility on / contract and admission paperwork were signed by Resident #1, Health Assessment dated list a diagnosis of 's and .

On / at 2:48 PM Administrator stated, " She came here with her family, I think she was living with her daughter and she was unable to care for her. We asked for a Power of Attorney but no one in the family provided us with anything for her. "

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and interview, the facility failed to file an adverse incident report with the Agency within 1 business day on one out of three sampled residents (Resident #1).

Findings Included:

On at 1:02 PM Reviewed Admissions/Discharge log for Resident #1, Date Admitted / , admitted from home and Discharge date .

Reviewed Resident Observation Log, entry on / at 12:24 PM, states, "Resident today as she was stepping out of the elevator, the employee was able to assist her immediately, and asked her if she was OK with the help of her and she answered she was fine. We will keep her under observation."

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SUMMARY STATEMENT OF DEFICIENCIES
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On at 2:21 PM Administrator stated, "She , she was caught by the staff, the Registered Nurse (RN) was here, he checked her vital signs, she didn't have any bumps or ."

Review of the Hospital Admissions log found Resident #1 was admitted to the Hospital on , reason, " she and , 911 was called."

Reviewed ALF Incident report (internal) dated . It states, " #1 on , employee came into the change Resident #1, the resident got up and when she walked towards the door she fainted, she and hit her head, 911 was called. She was transferred to Hospital on at 6:00 AM.

Incident Report (minor incident) dated at 10:00 AM, the employee at 5:30 AM went to Resident #1's change her brief, the resident got up from bed and walked towards the door of the looked as she fainted and she back hitting her head, at the same time she had a bowel movement, the employee didn't have time to catch her. Immediately employee called 911, rescue arrived and assisted her; she was then taken to Hialeah Hospital.

On at 1:27 PM Administrator stated, "We called rescue, she was taken to the hospital for observation. We didn't notify AHCA of the Incident because Resident #1 was , she seemed in a better state, any resident at the facility it is our policy to call rescue and have them evaluated. The paramedics decided to take her to the hospital for observation. She was at the hospital until / when her family called to tell us she would not be returning to our Assisted Living Facility we then discharged her."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

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

RE: CCR #2015007381

Dear Administrator:

This letter reports the findings of a Complaint Survey that was conducted on [redacted], 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 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 [redacted], 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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