STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964288	10/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYLIEN'S LIVING FACILITY	**2920 SW 12 STREET MIAMI, FL 33135**

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

0000 Initial Comments

An Abbreviated Biennial Survey was conducted at on , 2015. Daylien's Living Facility with Limited Mental Health component had the following deficiencies found at time of the survey:

0078 Staffing Standards - Staff

Based on record review and interview the facility's personnel records did not include evidence of negative examination for three out of three (A, B, and C) sampled staff.

Findings included:

Facility's record review revealed that sampled Staff A. (hire date /), Staff B. (hire date /) and Staff C. (hire dated /) employee file did not include evidence of negative examination. Staff A. and B. were observed assisting Facility residents with Activities of Daily Living and meal preparation.
On at 1:44 PM Staff A. stated, "I will have the test done as soon as possible. "
Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview the facility failed to ensure that unlicensed personnel who provide assistant with self-administered medications received the initial 4 hours of training prior to assuming this responsibility for one out of three (Staff B.) sampled staff.

Findings included:

Record review on of sampled Staff B. (hire date /) did not have documentation of having received the required training in assisting residents with the self-administration of medication available at time of survey.
On at 2:16 PM Staff A. stated, " She does not assist residents with medications, but I will send her to the training. "
Class III

0125 Fiscal - Surety Bonds

Based on observation, record review and interview facility failed to ensure a surety bond was filed with the agency for a resident for whom such power of attorney is granted (Resident #1).

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

Findings Included:

On during tour observed resident #1 in her . On record review revealed Staff A. was granted power of attorney for Resident #1 on / . Record review on revealed facility did not have evidence in the resident ' s file of a Surety Bond available for inspection at time of survey.

On at 12:26 PM Staff A. stated, "I was not aware of the Surety Bond requirement, I will call my consultant and start the process."

Class III

0160 Records - Facilitv

Based on record review and interview facility failed to have a current and satisfactory fire inspection.

Findings included:

Facility ' s record review revealed that the last fire inspection on file was dated . Fire inspection expired on .

On at11:52 AM Administrator stated "I will call them for the re-inspection."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Daylien's Living Facility
2920 Sw 12 Street
Miami, FL 33135

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial 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 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 , 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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