STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967411	07/20/2016
NAME OF PROVIDER OR SUPPLIER **DIOS DA EL MANA CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **9980 SW 1 STREET** **MIAMI, FL 33174**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2016. Dios Da El Mana (AL#11460) with Limited Nursing Services and Limited Mental Health components had deficiencies identified at the time of the survey.

0010 Admissions - Continued Residencv

Based on observation, record review and interview the facility failed to have a new face to face medical examination by a health care provider after a significant change for 2 out of 6 sampled residents. (Resident # 1 and # 4).

Findings included:

Record review of Resident # 1 revealed that she has been receiving hospice services since ; the last health assessment was completed on and reflects that the resident is under hospice services and requires total assistance with her activities of daily living and medication administration.

On / Staff B stated at 10:25 am that Resident # 1 does not need medication administration and that she is able to feed herself; she offered the resident a Tapioca pudding and the resident stated: " Give it to me right now and also give me a banana. " The resident got a spoon and the Tapioca pudding and she ate it on her own and also the banana.

On at 10:41 am Staff B stated that there was a time that Resident # 1 was really bad but she is better now.

On Resident # 1 was observed at 10:35 am being able to stand up and assist with transfer.

Resident # 1 was weighted at 11:10 am and she was able to stand up on the scale with the assistance of Staff B. On / at 12:34 pm observed the resident being assisted with self-administration of medication by Staff B.

Record review of Resident # 4 revealed that she has been receiving hospice services since ; the last health assessment was completed on / / and reflects that the resident is under hospice services and requires total assistance with her activities of daily living , but does not specify the type of assistance needed with medication, the diet and the height and weight were left blank.

Staff B on stated at 10:53 am that Resident # 4 does not need medication administration and

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that she is able to feed herself and help with transfer.

Resident # 4 arrived from [redacted] at 1:35 pm. Resident # 4 stated on [redacted] at 1:38 pm that she weighs 112 lbs. She stated that she ate a sandwich at the [redacted] center.

On [redacted] at 1:43 pm Resident # 4 was observed feeding herself a snack; she was weighted at the facility and she was able to stand up on the scale.

Class III

0160 Records - Facilitv

Based on record review and interview the facility failed to provide the sanitation inspection reports issued within the last 2 years.

Findings included:

Record review of the facility records revealed that the last sanitation inspection posted was dated [redacted].

On [redacted] at 9:40 am the administrator stated that the health inspection had been done on [redacted] but the inspector did not leave any copy of the inspection and said that it would be sent by email. He also stated that an inspection was done last year and he did not know why it was not there.

Class III

0162 Records - Resident

Based on record review and interview the facility failed to have an admission weight and to weight a resident semi-annually for 1 out of 6 sampled residents (Resident # 4).

Findings included:

Record review of Resident # 4 revealed that she was admitted on [redacted]; the health assessment (1823) had no weight and height and there were no weights recorded for this resident at all.

Staff B on [redacted] stated at 11:30 am that Resident # 4 gets weighted at the [redacted] center and that she will contact the [redacted] center to get the weights for Resident # 4.

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Class III

Z813 Results of Screening & Notification in File

Based on record review and interview the facility failed to have the signed Attestation of Compliance with Background Screening in the employees' personnel files for all sampled employees (Staff A, B and C).

Findings included:

Review of the personnel records for Staff A, B and C revealed that there was no signed Attestation of Compliance.

Staff A (administrator) stated on / at 12:10 pm that he did not know that the attestation was needed and that he would contact their consultant for help.

Unclassified.

Z814 Background Screening Clearinghouse

Based on record review and interview the facility failed to maintain an accurate roster of its employees on the Background Screening Clearinghouse for 3 out of 3 facility employees (Staff A, B and C) within the clearinghouse.

Findings as follow:

Review of the staffing schedule documented the facility had 3 staff members (Staff A, B and C).

Review of the Background Screening Clearinghouse documented that the facility had no employees registered on its roster.

On / at 12:12 pm the Administrator stated that he did not know that he needed to update the roster on the clearinghouse and that he would contact their consultant for help.

Unclassified

Z815 Background Screening: Prohibited Offenses

Based on record review, and interview the facility failed to ensure that 1 out of 3 sampled employees

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(Staff C) who obtained a background screening before 2011 was re-screened by , 2015.

Findings included:

Personnel record review of Staff C revealed that the last screening was a level I and was completed on .

On at 12:15 pm Staff B stated that if there was no a more recent one in the personnel file is because Staff C does not have a new one.

Review of Background screening website revealed that a new screening is required.

Staff C stated on the phone at 1:30 pm that she will make an appointment to have a level II background screening done.

Unclassified.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Dios Da El Mana Corp
9980 Sw 1 Street
Miami, FL 33174

Dear Administrator:

This letter reports the findings of a standar state relicensure survey that was conducted on 20, 2016 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 , , 2016.** 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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