STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910951	R
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 inspection (CCR#2016003457 and CCR # 2016006049) revisit was conducted on 02, 2016 and concluded on , 2016. Divine Living in Hialeah LLC (license # 7170) had deficiencies at time of the survey.

0077 Staffing Standards - Administrators

Based on record review and interview the administrator failed to appoint in writing a manager for the facility.

Findings included:

Review of the Facility Provider Locator database revealed that the Administrator operates 2 Assisted Living Facilities.

A review of the facility's staff roster reflected that Staff K was the manager at the time of survey.

Further record review revealed Staff K was appointed as Administrator and Manager in another facility

Interview on / at 3:50 pm Administrator confirmed that Staff K was the manager of another facility.

Class III

0125 Fiscal - Suretv Bonds

Based on record review and interview, the provider failed to have a surety bond with the minimum bond proceeds that equal twice the value of the residents' monthly aggregate income for 49 residents for whom the facility acts as payee.

Findings included:

Record review on / revealed facility did not have a surety bond with a minimum bond that equal twice the value of the residents ' monthly aggregate income in the facility at time of survey.

Interview on at 4:00 revealed Administrator stated that the facility had a surey bond of 10,000.00 dollars.

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

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , , 2016.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

BBT7

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