STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910951	08/02/2016
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#2016007050) was conducted on , 2016. Divine Living in Hialeah LLC (license # 7170) had the following deficiency at the time of the survey:

0025 Resident Care - Supervision

Based on record review and interview the facility failed to ensure the safety, physical and emotional well-being of the Resident #27. Facility failed to provide adequate supervision to meet the needs of Resident # 2. The facility failed to assess Resident # 2 's history of aggression and failed to develop a plan of intervention to prevent serious injury or harm to one of the residents #27.

Findings included:
Record review of the facility ' s report book dated on stated, " Resident # 2 went to the hospital because she was aggressive with employees and residents. " Resident #2 ' s AHCA Form 1823 (signed on) stated both, ' Facility meets' and does not meet' resident needs. "
Further record review of the facility ' s report book on / stated, " Resident #2 is a new resident and stays awake the whole night, she is aggressive and she slapped a resident. " The facility ' s report book stated, " Resident #2 is aggressive (at 2:00 am) and she has a weird look in her eyes on . "
Moreover, it stated, " On resident has been sent to the hospital because she was aggressive. "
Per facility ' s report book, " She came back from hospital / , and that same night she did not sleep and she wantsed to go inside of other residents ' and she was aggressive."
Record review of the facility ' s report book dated on showed: " Resident #2 was sent to the hospital because she got inside another resident , and Resident #2 did not want to come out. "
The facility ' s report book stated, " Resident #2 hit Resident # 27 who felt to the floor, and Resident #27 hit her head, and we call 911, the Police Department took her to the hospital. This was at 8:26 pm, Police arrived at 8:39 pm and took her at 8:52 pm to the hospital.
Record review of the AHCA ' s Incident Report Database showed, on the one day electronic report, " , 2016 at 8:23 pm, Resident #27 was at the medicine cart when Resident #2 approached the medicine cart. Resident #2 became angry and turned around and punched Resident #27 in the head. Immediately at 8:26 pm a staff called 911 and followed their instructions until they arrived at 8:29 pm. " The report also stated, " At 8:39 pm, the police arrived at the facility. Rescue examined Resident #27 and told us that it was not necessary to transport her to the hospital. The police took Resident #2 to the hospital at 8:52 pm (sent on).
Interviewed on at 2:24 pm Staff N stated, " I was assisting with self-administration of medication, and all the residents were making a line to have their medication, and Resident #2 hit with no reason or cause to the Resident #27; I did not see it coming, however, Resident #2 had a very strong temper, and she was aggressive. "

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Interviewed on [redacted] at 2:30 pm Staff G stated, " Resident #27 did not show any sign that she would hit Resident #27, we were just surprised at the moment she hit Resident #27. However, she was an aggressive person; we all reported that she was aggressive. We have to report everything that happens, and the supervisor of the shift writed the information for the administration. This is the policy of the facility. "
Interviewed on [redacted] at 2:32 pm Staff I stated, " Resident #2 was not a communicative person, and she liked to stare people, she behaves like that at times. "
Interviewed on [redacted] at 3:00 pm Staff J stated, " Nobody was yelling or fighting, we did not expect that reaction from Resident #2; however, she had a peculiar behavior, she liked to walk inside other residents ' [redacted] during night time, she likes to stare other residents and staffs, and Resident #2 was not the only person she tried the hit, she was aggressive. "

Interviewed on [redacted] at 3:00 pm Staff H stated, " We kept writing Resident #27 behaviors, and we never had time to have done a new health assessment because she was going and coming back from the hospital, she did not have any changes of medications because she did not have time to see the facility doctor. "

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 state licensure survey that was conducted on , , 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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