RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM 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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910951	R 10/12/2016
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#2016003457 and CCR # 2016006049) second revisit was conducted from / / to . Divine Living in Hialeah LLC (license # 7170) with limited mental health component had the following deficiencies at time of the survey:

0125 Fiscal - Suretv Bonds

Based on record review and interview, the facility failed to have a surety bond with the minimum bond proceeds that equal twice the value of the residents' monthly aggregate income for residents for whom the facility acts as payee.
Findings included:
Record review on / revealed that the facility had a surety bond for $10,000.00. Further record review showed that the facility acted as payee for 40 residents who received a minimum of $733.00 income per month.
During an interview on / at 1:00 P.M. the facility Administrator acknowledged that the facility did not have the surety bound increase. He stated "I will review if the increase was approved buy insurance".
Class III