STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910951	R 10/11/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVINE LIVING IN HIALEAH LLC	**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) Revisit Survey was conducted on 10/11/16 to 10/12/16. Divine Living in Hialeah LLC (license # 7170) with limited mental health component had the following deficiency at the time of the survey:

0025 Resident Care - Supervision

Based on record review and interview, the facility failed to maintain written documentation, updated as needed, of contacting residents' health care providers or family members and other appropriate parties of any significant changes that resulted in medical attention for one out of nineteen sample residents (#17) .

Findings included:

A review of the Medication Observation Record (MOR ' s) for Resident #17 showed that facility staff initialed that the resident was in the hospital (H) from / to . Further record review showed that Resident # 17 ' s (admitted on /) health assessment dated had diagnoses of , , , OA, (see copy. There was no written documentation regarding the resident's condition, and the reason why he was transferred to the hospital two times. The facility did not have written documentation that staff attempted to contact, or that contact was made with, the physician and family members.

During an interview on at 12:05 PM, the Administrator stated that Resident# 17 was and he was transfer to the hospital by ambulance on and again on . He stated that Resident #17 subsequently was transfer to a mental health hospital . The Administrator stated that Resident #17 was also transferred to the hospital on and he still remained at the hospital. The Administrator further stated "we verbally notified the physician and the family."

During a phone interview on / at 12:13 P.M. Resident #17's, sister stated "the staffs called me over the phone and informed me that my brother was transferred to the hospital. I went to see him. My brother said to me that he did not know why they kept sending him to the hospital. He told me that he was in the they were kicking the door and he screamed. He got in and out of the hospital very often for his mental condition. "

Uncorrected

Class III

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 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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