STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910951	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 Standard Biennial Survey was conducted from / to . Divine Living in Hialeah with limited mental health component, License # 7170, had the following deficiencies at time of the survey:

0010 Admissions - Continued Residency

Based on observation, record review and interview, the Assisted Living Facility failed to have an accurate health assessment (AHCA form 1823) that reflected a significant change in condition for one out of twenty one (#18) sampled residents.
Findings included:
On / at 9:05 A.M., observed in # ; Resident # 18 in bed receiving continuous care by hospice. At 10:30 A. M., observed Staff E (supervisor) unlock the medication cart, take medication card and walk to # . Staff E gave the medications and Medication Observation Record (MOR ' s) to the Hospice License practical nurse (LPN) to administer medications to Resident #18.
A review of Resident #18 ' s record revealed the Resident was admitted on . Health assessment (AHCA form 1823) completed on indicated that resident needed assistance with self- administration of medication. The health assessment also showed that Resident #18 ' needed assistance with all activities of daily living (ADL ' s).
During an interview on at 1:22 P.M. the Administrator stated that resident was sent to the hospital for muscular weakening and returned to the facility receiving hospice care and needing administration of medications. He acknowledged that health assessment was not accurate.
Class III

0026 Resident Care - Social & Leisure Activities

Based on observation, record review, and interview the facility failed to provide social, recreational, educational, or other activities for all residents.
Findings included:
Reviewed the bulletin board in dining area where activities scheduled was posted, which indicated for , 2016 from 9:00 AM to 11:00 AM "Group topics" and "life skills management."
On / from 8:30 AM to 2:30 PM, observed residents watching TV in different common areas. The facility did not conduct any activities.
On / at 12:05 PM, Resident #7 said "No, I do not, I do not know about any activities."
On / at 12:58 PM, Resident #9 said "No, I have not seen any activities done here."
On / at 2:12 PM, Resident #10 said "No, I have not participated, I do not know about any activities."
On at 2:21 PM, Resident #11 said "No, I do not know if they offer activities, I have not been

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to any activities here."
On at 9:05 A.M., Resident # 15 stated that the facility did not offer any activities. She further stated that they did not follow the activities calendar.
On from 7:15 A.M. to 2:00 P.M., observed that facility staff did not offer any activities to Residents. The residents were observe watching televisions in different common areas.
During an exit interview on / at 2:00 P.M. the Administrator acknowledged that the facility staff did not offer daily activities to residents. The facility did not have designated areas or games to offer activities to residents.
Class III

0160 Records - Facility

Based on record review and interview, the facility failed to provide documentation of a satisfactory annual fire inspection.

Findings included:

Record review revealed that the last fire inspection expired on .

On / at 2:00 PM interview with Administrator stated the facility has not received Fire Inspection results, because the Fire department had recently done the fire inspection the week before.

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 relicensure survey that was conducted on 11 and , 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
Fiedl Office Manager

AMD/sb
Enclosure
XG90

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