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 complaint inspection (CCR#2016011512) was conducted on from / to / . Divine Living in Hialeah LLC (license # 7170) with limited mental health component had the following deficiencies at the time of the survey:

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview the facility failed to maintain a written physician's order for use of a half bed rail for one out of nineteen (#18) sampled residents.
Findings included:
During the facility tour on / at 9:05 A.M. was observed in # , Resident #18 had half bed rails attached to his bed.
Record review on showed Resident #18 ' ' (admitted on) did not have half bed rail physician order and inform consent to the use of half bed rails on record for reviewed.
During an interview on at 1:15 PM, the hospices License Practice Nurse (LPN) stated I did have the physician order for continue care. She stated " I will contact Hospice agency to send a fax with the physician order for the use of half bed rails.
On at 1:30 P.M, the facility Administrator received and provided a copy of the half bed rail dated .
On at 1:30 P.M. the facility Administrator acknowledged that resident did not have the physician order to use the bed rail until today / / that he received order by fax.
Class III

0093 Food Service - Dietary Standards

Based on observation, record review and interview the facility failed to provide therapeutic diets as ordered by the health care provider. The facility failed to encourage residents to participate in menu planning, and to adjust to the preference and habits of the residents for 9 out of 76 sampled residents (Resident #1, #2, #4, #5, #8, #9, #10, #11, and #20).
Finding Included:
Observation on / at 9:30 A.M. the facility did not have food supplies on hand to offer therapeutic diets to residents that have a physician order.
During an interview on / at 9:30 A.M. the facility Administrator stated the facility ran out of therapeutic diet supplies. He stated " we are out of therapeutic diet supplies for a few days. We are supposed to revise the order today."
Record review of residents files revealed, Resident #1 requires a low diet, Resident #2 requires a diet; Resident #4 requires a low fat/low and diet, and Resident #8 requires

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a no added salt diet.
On /_ at 11:18 AM, observed and reviewed the facility files. The facility has a list of all residents that need diets, and residents with . There is no indication of residents that require low fat/low or low diets.
On /_ at 9:11 AM Resident #5 stated "The food is not good, is rice and beans every day. If they serve chicken or beef it does not taste good."
On /_ at 12:58 PM, Resident #9 stated "The food can be improved, they serve mostly rice and beans. In the mornings the only thing that is served is a piece of toast and coffee, they do not serve eggs or orange juice. Once in a while you would get eggs, but very rarely."
On /_ at 2:12 PM, Resident #10 stated "The food is bad, the taste is bad and is rice and beans almost every day."
On /_ at 2:21 PM, Resident #11 stated "The food is not good, it has no taste, and they serve the same thing a lot."
On /_ at 2:35 PM, Resident #19 stated "The food is not good, beans and rice every day."
On /_ at 12:30 PM, Staff G, stated "All meals are made with low fat/low sugar, and low in salt. The residents have the substitutions made for them."
On at 9:05 A.M. Resident #15 stated "The food here is not good. The facility does not follow the menu. Come with me to the dining you will see that they did not follow the menu done by a dietitian " . She further stated that the facility did not offer snacks to residents. She said that "Sometimes they do shakes but no one can drink them because the taste is bad."
During a phone interview on at 11:30 A.M. Resident #1's daughter stated "I can see and heard the residents' complaints about the food during my visits at the facility " . Residents did complaint about the food."
During a phone interview on at 12:13 P.M. Resident # 17's sister stated that her brother did complaint about the food at the facility. She stated "I did not have any other complaint about the facility, the only complaint it is about the food."

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

RE: CCR #2016011512

Dear Administrator:

This letter reports the findings of a complaint state licensure survey that was conducted on 11-12, 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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