STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967411	R
NAME OF PROVIDER OR SUPPLIER **DIOS DA EL MANA CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **9980 SW 1 STREET** **MIAMI, FL 33174**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A Standard Biennial Survey revisit was conducted on through . Dios Da El Mana (AL#11460) with Limited Nursing Services and Limited Mental Health components had the following deficiencies identified at the time of the survey:

0010 Admissions - Continued Residency

Based on observation, interview and record review, the facility failed to document a significant change in condition, and failed to determine the appropriateness of continued residency based on their needs, for two of six sampled residents (Residents # One and Two).

Findings:

On at 2:10 p.m, observed Residents # One and Two tied to their wheelchairs by an attached belt.

At 2:30 p.m. Staff B stated that she did not consider Residents # One and Two to be tied because the belts restraining them were used to avoid a to residents.

A review of the files for Residents # One and Two showed no documentation that the residents had or almost in the facility. Further record review showed that there was no documentation that the residents had been reassessed by a medical provider because of or to determine risk.

On at 2:30 pm, observed that Staff B did not untie residents immediately, arguing that residents would if untied. After about 10 minutes Staff B agreed to untie residents and call a family member to state that the Agency for Health Care Administration (AHCA) would be responsible for residents' .

On at approximately 2:40 pm, Staff B stated that only Resident #1 had before.

Uncorrected
Class III

0025 Resident Care - Supervision

Based on observation and interview the facility failed to provide supervision to six of six residents (Residents # one through six).

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Findings as follow:

On at 2:10 p.m., a woman that identified herself as a family member visiting a resident (Staff D) was observed alone in the facility with six residents (Residents # one through six) . The woman stated that the Administrator (Staff A) and his wife (Staff B) went out for an emergency and left her taking care of residents.
Record review showed that there was no personnel file and no Eligible Level II Background Screening for the unidentified woman (Staff D).
On at approximately 2:11 p.m., during a tour of the facility led by the visitor/Staff D, observed Residents #1 and #2 tied to their wheelchairs by a belt attached to those chairs.
On at 2:30 p.m. , the Administrator and Staff B arrived .
On at 2:30 p.m. the Administrator and Staff B acknowledged that they left 6 facility residents without supervision by qualified staff for an hour.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview the facility failed to to treat 2 out of 6 (Residents #1 and #) residents with dignity, free of , by having them tied to a wheelchair.

Findings as follow:

On at 2:10 p.m. observed two of six residents (Residents # One and Two) tied to their wheelchairs by an attached belt which they could not remove without assistance.

At 2:30 p.m. Staff B stated that she did not consider residents #1 and #2 were tied due to belts were used to avoid a to residents. Staff B did not untied residents immediately arguing residents would if untied. After about 10 minutes Staff B agreed to untie residents and call a family member to inform the surveyor and AHCA would be responsible for residents because said to untie residents. Staff B stated only resident #1 had a before.

Class III

0079 Staffing Standards - Levels

Based on observation, record review and interview the facility failed to have at least one staff member

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who has access to facility and resident records in case of an emergency in the facility at all times when 6 residents were in the facility (Residents # One through Six).

Findings as follow:

On at 2:10 p.m. observed a person who stated she was a family visitor (Staff D) left solely in charge of six residents while the Administrator and other staff were not in facility. The visitor/ Staff D had no access to facility records.
On at 2:30 p.m., Staff B returned to the facility, stating that she went out of facility for an emergency, and to buy some food and furniture. Staff B stated left she left Staff D, a family visitor, to watch residents for about an hour, because this person was well know by them.

Class III

0160 Records - Facility

Based on record review and interview the facility failed to provide documentation of a current health department inspection report.

Findings included:

Record review of the facility records revealed that the last health department inspection posted was dated .

On at 3:00 p.m. the Administrator stated that he had faxed the health department inspection to the Agency for Health Care Administration office, but he was unable to provide documentation of the new inspection.

Uncorrected
Class III

Z813 Results of Screening & Notification in File

Based on record review and interview the facility failed to have the signed Attestation of Compliance with Background Screening for one person who was alone in the facility caring for residents (Staff D).

Findings:

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

On at 2:10 p.m., a woman that identified herself as a family member visiting a resident (Staff D) was observed alone in the facility with six residents (Residents # 1-6) . The woman stated that the Administrator (Staff A) and his wife (Staff B) went out for an emergency and left her taking care of residents.
Record review showed that there was no personnel file and no Eligible Level II Background Screening for the unidentified woman (Staff D).

Uncorrected
Unclassified

Z814 Background Screening Clearinghouse

Based on record review and interview the facility failed to maintain an accurate roster of its employees on the Background Screening Clearinghouse for 1 out of 4 persons providing care to residents (Staff D).

Findings:

On at 2:10 p.m., a woman that identified herself as a family member visiting a resident (Staff D) was observed alone in the facility with six residents (Residents # 1-6) . The woman stated that the Administrator (Staff A) and his wife (Staff B) went out for an emergency and left her taking care of residents.
Record review showed that there was no personnel file and no Eligible Level II Background Screening for the unidentified woman (Staff D). Further record review showed that Staff D was not listed on the facility roster.

Uncorrected
Unclassified

Z815 Background Screening: Prohibited Offenses

Based on record review and interview the facility failed to maintain an accurate roster of its employees on the Background Screening Clearinghouse for one out of four persons providing care to residents (Staff D).

Findings:

On at 2:10 p.m., a woman that identified herself as a family member visiting a resident

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SUMMARY STATEMENT OF DEFICIENCIES
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(Staff D) was observed alone in the facility with six residents (Residents # 1-6) . The woman stated that the Administrator (Staff A) and his wife (Staff B) went out for an emergency and left her taking care of residents.
Record review showed that there was no personnel file and no Eligible Level II Background Screening for the unidentified woman (Staff D).

Uncorrected
Unclassified

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11967411 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
DIOS DA EL MANA CORP	9980 SW 1 STREET MIAMI, FL 33174

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS) S	DATE 10/19/16	TITLE HFES	DATE
FOLLOWUP TO SURVEY COMPLETED ON 7/20/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

 EVENT ID: F1CD12

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Dios Da El Mana Corp
9980 Sw 1 Street
Miami, FL 33174

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

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