STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910951	12/08/2016
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 (CCR#2016012920 and 2016012165) survey was conducted on 08, 2016. 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 - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation and interviews, the facility failed to honor resident rights by not allowing the residents to decide the time residents would like to be awaken and receive their medication for 6 out of 19 sampled residents (Resident #1,17,18,19,20,21,22).
Findings include:
On at 6:30 AM, Observed the medication pass being done by Staff C.
On at 12:30 PM Resident #17 stated " they wake me up early around 5:30 am to give me the medications. "
On at 12:40 PM Resident #18 stated, " Yes they wake us up really early; it is still dark outside. I think around 5:30 or 6:00 AM. "
On at 12:50 PM Resident #19 stated, " They wake me up at 6:00 AM."
On at 1:07 PM Resident #20 stated, " They wake me up at 5:00 AM."
On at 1:15 PM Resident #21 stated, " They wake me up at 6 am. "
On at 1:20 PM Resident #1 stated, " I wake up at 6."
On at 6:30 AM, Observed the medication pass being done by Staff C.
On at 6:31 AM Staff C Stated " I get here about 10 minutes before 6:00 AM and I start handing out the medication at that time. "

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and interview the facility failed to follow the correct procedure when assisting 4 out of sixteen sampled residents (# 7, # 12, #15, #16, #22, #23, and #24) with self-administration of medications.

Findings included:

A review of Resident's 22 medication record revealed Resident was prescribed at 8:00 AM
1 MG, 3 MG 1 tab, 5 MG, 325 MG, 5 MG,
50 MG, 50 MCG 1 tab, 125 MG, 20 MG,

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20 MG, DOK 100 MG, 2 MG, 81 MG.
On 12/07/2016 at 6:18AM observed Staff C administer medication to Resident #22, staff placed all medications in a small orange cup, stated name of medication to resident, she handed the medication to the resident and handed a cup of water. Resident took medication in front of staff. Staff signed medication book.
On at 6:28 AM Observed Staff C placed in the same medication cup she used to dispense prior resident's medication, she used to dispense the medication of Resident #23.
A review of Resident #24's medication record revealed Resident was prescribed at 8:00 AM
500 MG, 2 MG, 5 MG, 500 MG, 2 MG.
On at 6:31 AM Staff C placed in the same medication cup she used to dispense prior resident's medication, she used to dispense the medication of Resident #24.
On at 6:31 AM Interview with Staff C stated "I get here about 10 minutes before 6:00 Am, and I start handing out the medication at that time, I am finished passing out the medication about 8:50 AM."
On between 6:30 am and 7:15 am observed the assistance with self administration of medications procedures preformed by Staff B. The staff used the same medication cup to dispense the medications to the residents. She deposited the medication in the resident's hands using the same cup for each of them and every time the medication cup touched the resident 's hand. Also Staff B touched for Resident # 15 the 2 tablets; for Resident # 7 she touch the tablet with her hands; for Resident # 16 she touch the tablet and for Resident # 12 she touched the 3 tablets with her hands.

On at 2:40 PM Staff B stated that she will start using one disposable cup for each resident and that she will discard the cup after using it with the residents and that she will avoid touching the medications with her bare hands.

On at 6:00 PM Observed the night Supervisor (Staff D) was assisting with medications for residents sitting in their wheelchairs. The night Supervisor held the cup with the medications and had the residents open their mouths, then she poured the tablets into their mouths and gave them each a cup of water to swallow them. The residents who could take the medications on their own by holding the cup with the medications in them were given their medications with a cup of water. The night supervisor was observed handling all of the medications with her bare hands. Every medication tablets and capsules were popped from the bubble sheets onto her fingers and then placed into one small plastic cup which she used for all of the different residents medications. That same cup was used repeatedly, for all of the residents. During the medication passes she never explained to any of the residents on what medications they were being given nor did she ever tell them the dosages. Staff D was observed passing medications to the Residents for their medications which are to be passed at bedtime (8:00PM)

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The medications were being given to the residents from 6PM until 8PM completed.

On 12/08/2016 At 7:00 PM observed of the caregivers finally hand the night Supervisor some hand towels and a bar of soap. Supervisor then started to rinse off her hands after every medication pass to the different residents. but she continued to place the medications by hand into the plastic cup. She placed the medications in the small plastic cup then poured them into a paper cup and hand them to the resident next in line. On at 7:30 PM Staff B, acknowledged that the night Supervisor was still passing out the medications in the wrong way and stated that it should not be done in that way.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017
AMENDED

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

RE: CCR #2016012920 and 2016012165
Dear Administrator:

This letter reports the findings of a complaint 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 , 2017.** 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 2016012165
XG90

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