STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967998	**02/01/2017**
NAME OF PROVIDER OR SUPPLIER **DIVERSITY ME**	STREET ADDRESS, CITY, STATE, ZIP CODE **3225 N MYRTLE AVE** **JACKSONVILLE, FL 32209**	

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

Z814 Backaround Screenina Clearinahouse

Based on record reviews, and interviews with the Administrator, the facility failed to update the facility Employee Roster on the Agency's background screening clearing house for Employee A out of 4 employee's currently working at the facility.

The findings include:

An interview with the Administrator on at 9: 45 AM confirmed there are 4 employee's currently working at the facility.

A review of the Agency's Background screening clearing house website on at 10:25 AM reveals Employee A is not listed on the employee roster for the facility. (photographic evidence obtained)

A record review was conducted for Employee A which revealed a hire date of .

An interview with the Administrator on at 10:27 confirmed Employee A was not listed on the Background screening clearing house employee roster for the facility. She said " I haven't had time to put her on the roster."

UNCLASSIFIED

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SUMMARY STATEMENT OF DEFICIENCIES
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0000 Initial Comments

On , 2017, a biennial relicensure survey was conducted at Diversity Me Assisted Living Facility, (License #11951). Deficient practice was identified during the survey.

0083 Training - First Aid and

Based on record review and staff interviews, the facility failed to have a staff member trained in , Resuscitation and First Aid at all times in the facility, according to records for 1 of 3 employee records that were sampled.

The findings include:

On the day of the survey, the facility's schedule showed Employee B was scheduled to be the only person working at times, making her responsible for having current and first aid training.

A record review was conducted for the Employee B, which revealed a hire date of . A card was found for - , ( ) and First Aid training but expired on .

An interview with the Administrator on at 11:45 AM confirmed Employee B's or First Aid training was expired and no longer valid.

CLASS III

0093 Food Service - Dietary Standards

Based on observation and interview the facility failed to have a 3- day supply of water sufficient for drinking and food preparation, or to have an approved plan for obtaining water in an emergency.

The findings include:

During a tour of the ALF on , 25 gallons of water were found set aside for emergency water. Based on the current occupancy of 16 residents and staff this is less than 2 quarts of water per person each day. That is not a sufficient quantity of water for drinking and food preparation in the event of a 3-day emergency.

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During an interview with the Administrator on at 3:30 PM, she agreed more water would be needed in a 3-day emergency.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and staff interview the facility failed to maintain a safe and sanitary environment for 16 of 16 residents.

The Findings Include:

1) During the initial tour of the facility on at 9:15 AM, the facility was dark with minimal natural light. Employee A was observed turning the light on in the dining with only 1 out of the 4 bulbs were working. There was a bar adjacent to the main dining has seating for 6-8 residents with 3 hanging lights which were not operational. A ceiling fan in the main living area which had 4 lights was turned on by a pull cord with only 2 out of 4 light bulbs were working. A small table lamp is observed in the living was not plugged in. This surveyor plugged the lamp in but was not operational.
In an interview with the Administrator at 9:48 AM on , she confirmed the lights in the living and dining were not working and needed to be replaced.
In an interview on at 1:10 PM with Resident #2, it was confirmed that "This place is completely dark at night after 8:30 PM. There is a no light on the stairs and it's really dark. I almost because I can't see anything."
An observation was conducted on at 1:12 PM with 2 other surveyors of the lights in the front stairwell not functioning. (photographic evidence obtained)
In an interview with Employee A on at 1:13 PM it was confirmed the lights in the front stairwell were not working and needed to be replaced as well.

2) An observation was conducted on at 12:40 PM of the downstairs (1 out of 2 the residents can use) with no toilet paper or paper towels for the residents to use. A soap dispenser was seen on top of the paper towel holder but was not fastened to the wall. (photographic evidence obtained)
On at 12:42 PM Resident #2 was observed walking to the kitchen and asking Employee A for some toilet paper.
An interview with Resident #2 on at 12:44 PM she was asked why she went to get toilet paper

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SUMMARY STATEMENT OF DEFICIENCIES
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from the kitchen. She said residents don't have toilet paper and must go and get if from the front when needed. The resident was asked if she has paper towels to dry her hands and she said they don't give them soap or paper towels either.
3) An observation was conducted at 3:10 PM on of the upstairs the residents' use. There were brown colored substances on the shower floor along with a hand towel that was draped around the towel bar next to the toilet. Due tothe odor and coloring of the substance, and because it was observed in the , it was determined this was potentially fecal matter. There was no toilet paper in the . The paper towel dispenser was also broken and not functional.
An interview with Resident # 8 on at 2:48 PM confirmed they don't have toilet paper in the they have to go downstairs to get toilet paper and paper towels.
An interview with Resident #9 on at 3:08 PM confirmed she has to go downstairs to get toilet paper when she needs to go to the the staff will give her a few squares to use to clean herself.
4) An interview with Resident #2 was conducted at 12:30 PM on who was outside in the smoking area for the facility. The resident became very agitated when this surveyor started to close the door and said "Don't close the door! We will get locked out here!" This surveyor then closed the door to the smoking area and was not able to open the door freely without it getting stuck on a
that was adjacent to it" Another surveyor was on the other side of the door and was able to fix the door to allow this surveyor to enter the facility. The resident stated that they will "Lock us out here and we can't get back in. Sometimes we have to bang on the door for 15-20 minutes, sitting out in the and we can't get back in. (photographic evidence obtained)
An interview with the Employee A on at 12:50 PM confirmed the 2 doors that lead out to the smoking area have a history of getting stuck and the the residents are not able to get back inside without someone from the inside opening the door. She stated " We put a nail in it so that wouldn't happen but a resident took it out".
In an interview with the Administrator on at 1:24 PM stated she overheard the interview iwth Resident #2. She clarified that they don't "Lock" anybody out of the facility. She stated "We have tried to fix that door but nothing works. The residents know not to close the door all the way so it won't get stuck."

Class III

0160 Records - Facility

Based on record review and interview, the facility failed to have an up to date admission and discharge log for all residents living at the facility, indicated by the inaccurate information onthe log for 1 of 16 residents, Resident #5.

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The findings include:

Upon entering the facility on at 9:40 AM the Administrator confirmed there were currently 16 residents residing at the facility.

A review was conducted of the facility admission / discharge log which reveals 15 residents listed as currently living at the facility. An interview with the Administrator on at 10:08 AM confirmed Resident #5 was not listed in the admission/discharge log and it was not up to date and accurate.

CLASS III

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