STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910951	**02/10/2017**
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#2016014348) Survey was conducted on , 2016 through , 2017. Divine Living In Hialeah, LLC had the following deficiency identified at the time of the survey:

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, interviews, and record review, the facility failed to have daily observation by designated staff or facility administrator of the activities of the residents. The facility also failed to maintain and awareness of the general health, safety, and physical and emotional well-being of three of six sampled residents (#1, 2 and 3). Police picked up resident #1 after they found him wandering without knowing where he came from or where he was going; the resident was hospitalized for several weeks. Resident #2 left the facility, with her whereabouts being unknown, and never returned after leaving the second time. Resident #3, identified as an elopement risk, left the facility for three days, during which his whereabouts were unknown.

Findings:

1) A review of facility and hospital records showed that Resident #1 was diagnosed with , , , , , gait and a history of , . The resident eloped from the facility on and was brought to the hospital by emergency Medical Services after being found "wandering, far from home." The resident was found wandering the street and did not know where he was going or how to get back where he came from. " According to further information in the hospital records received , the resident's mental status showed that he was angry, irritable, were persecutory, and he was , , , , belligerent, challenging, and irritable. The resident was returned to the facility on .

2) Record review of Resident #2 file shows she was admitted on . Her health assessment dated show she was diagnosed with Parkinson's , , , and , . A review of Resident #2 file showed that she eloped on and . A review of the Resident Observation Log stated, "On Resident #2 left the Assisted Living Facility (ALF) at 8:15 AM." An adverse incident report was filed, which stated that the resident left on and came back on . The resident went out again on and did not return to the facility.

Record review found the facility had no documentation regarding when Resident #2 returned to the facility, and no documentation about whether she was she evaluated when she returned on .

On at approximately 9:00 am, Staff B stated, "Resident #2 said she left and she was at friend's

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house where she slept over. When we asked her for the friend's name, phone number, and address, she refused to give it. We did not reassess her. No, she did not go to the hospital. No, she did not see a doctor. She came and she was good, alert, and oriented. She was fine. She was okay. We sat her down and talk to her. The next day she left and did not come back."

3) Resident #3 health's assessment dated showed that the resident was an elopement risk and has eloped from the facility on and then returned on . There was no documentation in the file that the resident had been reassessed, or that elopement precautions had been put in place.

A review of the facility's elopement policy showed:
"After the initial assessment, a routine reassessment will be completed to determine changes in mental status, behavior, and the effectiveness of the chosen interventions. The staff will monitor the resident's behavior.
The policy further stated, "It is the policy if this assisted living facility to:
Establish a method of assessing residents for risk of wandering and eloping at time of admission and as needed.
Develop and implement preventive measures to make sure to stop wandering and elopement whenever possible."

A review of the records for Residents # 1, 2, and 3 showed that there was no documentation of preventive measures taken to avoid further elopements.

Observation on at 12:00 PM revealed that Resident #1, 3, 4, and 6 had no bracelet or any other information to identify them as elopement risk resident.

Interviewed on at 12:12 PM, Resident #3 stated, "I do not go out. No. I have no ID, no driver license. No, I have nothing with the facility name, address and number on it. I don ' t have anything. "

Interviewed on at 12:13 PM, Resident #6 stated, "I don't go out. I'm not allowed. I do not have any bracelet or necklace with the facility name. I have nothing, no ID. Some resident have a colored ID."

Interviewed on at 12:16 PM, Resident #4, identified in the facility records as at risk of elopement, stated, "If they let me. Most of the time the let me. All IDs are in the office. I have no ID on me. Everything is in the office."

Interviewed on at 12:37 PM, the Assistant Administrator stated, "We have a list. All the employees know who is elopement risk. When a resident goes out or leaves and does not come back;

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We have report it to the police. If we see they have not come back. We call the police." She further stated, "Here we do not have any bracelet. We do not have anything like that. We give everybody a card with the facility information when they are admitted to the facility. That is all we have. Staff D- Her job is to make sure all the residents sign in and out on the Resident Log book. She writes everyone who goes in and out. She has the elopement risk list."

Class II