STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964288	**01/04/2018**
NAME OF PROVIDER OR SUPPLIER **DAYLIEN'S LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **2920 SW 12 STREET** **MIAMI, FL 33135**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted at on . Daylien's Living Facility with Limited Mental Health component, license #9140, had the following deficiencies found at time of the survey:

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview the facility failed to maintain a written work schedule that reflected its 24-hour staffing pattern for a given period. The faility also failed to have a minium of 212 hours per week for a census of 6 residents.

Findings included:

On at 6:55 AM Staff B alone assisting 6 residents with activities of daily living.

On at 7:00 AM the staff schedule for the month of , was posted on the board. Staff C was scheduled to work daily from 7:00 AM to 7:00 PM and Staff A was schduled to work daily from 7:00 PM to 7:00 AM. Staff B was not on the schedule. The faility also failed to have a minium of 212 hours per week for a census of 6 residents

On at 7:30 AM the Administrator stated Staff B was not on the schedule because the consultant was working on a new schedule.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility failed to have an approved annual emergency management plan by the county .

Findings included:

Review of the emergency plan revealed that it had been approved on .

On at 9:00 AM the Administrator stated that they sent the emergency plan for approval on . They told them that it will take 60 to 90 days for the inspector to send it back to the facility.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964288	**01/04/2018**
NAME OF PROVIDER OR SUPPLIER **DAYLIEN'S LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **2920 SW 12 STREET** **MIAMI, FL 33135**	

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

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on record review and interview the facility failed to have a signed an annual community living support plan (CLSP)and , agreement for one out of six sampled residents (Resident #1).

Findings included:

During record review revealed Resident #1 did not have a CLSP and , agreement at the facility.

On at 11:00 AM the Administrator stated that she did not know what happened with those documents because she remembered she seen them in the file.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964288	**01/04/2018**
NAME OF PROVIDER OR SUPPLIER **DAYLIEN'S LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **2920 SW 12 STREET** **MIAMI, FL 33135**	

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

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observations, record review, and staff interview the facility failed to ensure that one out of three (Staff B) sampled staff had an eligible level 2 background screening prior to providing care to residents.

Findings included:

On at 6:55 AM Staff B alone assisting 6 residents with activities of daily living.

On at 9:55 AM Staff B stated, "I have been working here for a week more or less."

Employee record review revealed Staff B (hired) did not have an eligible background screening.

On at 11:00 AM the Administrator stated that she had programmed to have the background screening for this staff in this coming week.

Unclassified