STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910951	**01/29/2018**
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

Three Complaints Survey (CCR#2017015336, CCR#2018000148 and CCR#2018000569) was conducted on , , 2018. Divine Living in Hialeah had a deficiency identified at the time of the survey:

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to complete and submit a one day and a fifteen days adverse incident report for 1 of 17 sampled residents that had a at the facility and hit his head and was transferred to the hospital (Resident # 3).

Findings included:

Record review of Resident # 3 revealed that on at 4:15 PM the resident was in the TV area and he and hit his head, Staff H and Staff I helped him to stand up and sit on the chair, he stated that he was feeling fine. The administrator was called and the administrator ordered to send the resident to the hospital for further examination, the ambulance was called and the resident was transferred to the hospital.

There was no copy of the one day and the fifteen day reports on his file.

Staff B stated on at 12:10 PM that they did the incident report internally but never did it on the AHCA site.

Class III