STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967411	**06/07/2018**
NAME OF PROVIDER OR SUPPLIER **DIOS DA EL MANA CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **9980 SW 1 STREET** **MIAMI, FL 33174**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on , 2018. Dios Da El Mana Corp. (License # 11460) with Limited Nursing Services and Limited Mental Health components had deficiencies identified at the time of the survey:

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

Based on observation, record review and interview the facility failed to follow the correct procedure outlined by the state when assisting with self-administration of medications 1 out of 4 sampled residents (# 4).

Findings included:

On at 9:11 AM observed the assistance with self-administration of medications for Resident # 4 performed by Staff B.

Review of the medication observation record revealed that the medications were scheduled for 8:00 AM.

On Staff B stated at 9:15 AM that Resident # 4 liked to sleep late.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to ensure that within 30 days of beginning employment, newly hired staff submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for one out of four sampled staff (D).

Findings included:

Record review of Staff D revealed that she was hired on . Revealed there was no written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable .

On at 11:15 AM Staff D stated, "Staff D already asked an appointment with the doctor for her

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physical examination."

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review and interview the facility failed to provide a consent signed by the Power of Attorney (POA) holder regarding the use of side rails for one out of four sampled residents (# 3).

Findings included:

On . . . . . at approximately 8:40 AM observed in . . # . that the bed belonging to Resident # 3 had full side rails attached.

Review of Resident # 3's record revealed there was a prescription for full bed rails written by the hospice doctor on . . . . . . There was a consent for half side rails signed by the resident on . . . . . .

On . . . . . at 10:50 AM Staff B stated that the resident's granddaughter had to come to sign the consent for full side rail.

On . . . Resident # 3's granddaughter came at 11:25 AM and signed the consent for full side rails.

Class III