STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967998	**01/03/2019**
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)

0000 - Initial Comments

On [redacted], an abbreviated biennial relicensure survey was conducted at Diversity Me Assisted Living facility. Deficient practice was identified during the survey.

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(I)

Based on employee record review and staff interview the facility failed to ensure 1 of 4 employees (employees) received participated in elopement drills twice in one calendar year.

The findings include:

Review of the personnel file for Employee C revealed no evidence of completing any elopement drills for the calendar year 2018.

Review of the personnel file for Employee D revealed one training certificates for an elopement drill, on [redacted], for the calendar year 2018.

During an interview with the Administrator on [redacted] at 11:45 AM, she confirmed that the employee had not participated in two elopement drills in the calendar year 2018.

Class III

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

Based on observation, facility document review and staff interview the facility failed to maintain the minimum staffing hours per week of 253 hours based on the current census of 16 residents.

The findings include:

During the biennial relicensure survey conducted on [redacted] sixteen residents were observed at the facility throughout the day. Employee C was observed to be ending her night shift at 8:00 AM. The administrator and Employee B were observed working from 9:00 AM until 2:15 PM.

During a brief interview with Employee C, she was asked if she was leaving the facility after having worked the night shift. She stated she was. No other staff members were observed to be leaving.

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SUMMARY STATEMENT OF DEFICIENCIES
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Review of the facility staff schedule for the month of revealed the Administrator worked every week day (M-F) from 9:00 AM until 1:00PM. Employee B worked 8:00 AM until 5:00 PM every week day. Employee C worked 5:00 PM until 8:00 AM two week day nights and from 8:00 AM until 8:00 AM the for one day on the weekends. Employee D worked 5:00 PM until 8:00 AM two week nights and from 8:00 AM until 8:00 AM for one day on the weekends (alternating nights with Employee C) (Photographic evidence obtained). The total hours worked for the 1 week period of equaled 188 hours.

Review of the facility staff schedule for the month of revealed the Administrator worked every week day from 9:00 AM until 1:00PM. Employee B worked 8:00 AM until 5:00 PM every week day. Employee C worked 5:00 PM until 8:00 AM two to three week day nights and from 8:00 AM until 8:00 AM the next day for one day on the weekends. Employee D worked 5:00 PM until 8:00 AM two week nights and from 8:00 AM until 8:00 AM for one day on the weekends (alternating nights with Employee C) (Photographic evidence obtained). The total hours worked equaled 188 hours per week.

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Review of the facility staff schedule for the month of revealed the Administrator worked every week day from 9:00 AM until 1:00PM. Employee B worked 8:00 AM until 5:00 PM every week day. Employee C worked 5:00 PM until 8:00 AM two to three week day nights and from 8:00 AM until 8:00 AM for one day on the weekends. No other employee was scheduled to work alternating nights with Employee C. Total hours worked equaled 134 two weeks of the month and 119 hours two weeks of the month. On the schedule there was no staff member scheduled for , , and (Photographic evidence obtained).

During an interview with Employee B on at 8:35 AM. She stated that they have 16 residents.

During an interview with the Administrator on at 11:35 AM, she indicated that she was not aware that she was out of compliance with the staffing hours. She stated she has had a very difficult time hiring people to work in her facilities.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on employee record review and staff interview the facility failed to ensure 1 of 4 employees (employees) received participated in elopement drills twice in one calendar year.

The findings include:

Review of the personnel file for Employee C revealed no evidence of completing any elopement drills for the calendar year 2018.

Review of the personnel file for Employee D revealed one training certificates for an elopement drill, on , for the calendar year 2018.

During an interview with the administrator on at 11:45 AM, she confirmed that the employees had not participated in two elopement drills in the calendar year 2018.

Class III

0182 - Emergency Mgmt - Plan Implementation - 58A-5.026(3) FAC

Based on observation, record review, and interviews the facility failed to ensure there Emergency Power Plan was implemented, evidenced by the lack of generator available on site during the survey visit.

The findings include:

Record review of facility Emergency Power Plan with approved date of and implementation date of , states, "The generator will be stored downstairs in the box of purchase up under the stair case out of the way of residents."

Observation during the tour on at 9:40 AM revealed there was no generator stored on the first floor under the stairs or anywhere else inside or outside the facility.

An interview was conducted on at 9:55 AM with Employee B (Caregiver/Manager). She was asked if the generator was stored on site, she replied, "no, the Administrator brings it in once a month to do our training."

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An interview was conducted on [redacted] at 1:08 PM with Administrator. She was asked if the generator was stored on site, she replied, "no, I keep it in my garage at home, it used to be here, but it had gas in it and smelled up the building."

Photographic evidence obtained

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on review of the facility records, the Agency for Health Care Administration (AHCA) Care Provider Background Screening Clearinghouse website, and staff interviews, the status of one former employee had not been updated within ten days of leaving employment with the facility.

The findings include:

Review of the personnel files and the staff schedules for the last four months revealed that Employee E had been employed at the facility since 2014 but was not on the staff schedules.

Review of the Agency for Health Care Administration (AHCA) Care Provider Background Screening Clearinghouse website on [redacted] revealed Employee E's employment status had not been updated.

During an interview with Employee B, manager for this location, on [redacted] at 11:14 AM, she stated that Employee E has been gone "awhile now". She indicated it had been several months ago that she left employment.

During an interview with the Administrator on [redacted] at 2:00 PM she was informed of the fact that Employee E was still listed as being employed by the facility on the (AHCA) Care Provider Background Screening Clearinghouse website. She indicated that she was not aware that it had not been updated and she would do that.

Class III