

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965638	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/17/2022
NAME OF PROVIDER OR SUPPLIER GULF HAVEN, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 6343 ROWAN ROAD NEW PORT RICHEY, FL 34653			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 000	Initial Comments A complaint investigation (#2022002538) was conducted on 03/17/2022 at Gulf Haven, Inc. Deficiencies were identified at the time of the visit.	A 000			
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest of drawers, or other furniture designed for storage of clothing or personal effects; 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during	A 152			

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965638	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/17/2022
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GULF HAVEN, INC.

**6343 ROWAN ROAD
NEW PORT RICHEY, FL 34653**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 152	Continued From page 1 use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide a safe, clean living environment for all residents that resided at the facility. Findings Included: In a tour of the facility conducted on _____ at 10:00am: First floor: "Broken tiles where front entrance hallway joined common area and baseboards in hall covered with dirt and dust. "Carpeting in first floor common area covered in stains from spilled liquids and ground in dirt. "Bedroom 1 to left of front door had a dresser with dried white residue on top with extension cord resting on it. The bedroom doorway to room from front hallway had ground in black dirt and debris in threshold, on wood and dirty footmarks on bottom of door. "Bedroom 2 to the right off the common area, had carpeting stains from ground in dirt, crumbs and debris. "Kitchen floors under stove and counters had black ground in dirt and debris, and black ground in dirt all along walls and baseboards, including under two kitchen tables. Second Floor:	A 152		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965638	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/17/2022
NAME OF PROVIDER OR SUPPLIER GULF HAVEN, INC.			STREET ADDRESS, CITY, STATE, ZIP CODE 6343 ROWAN ROAD NEW PORT RICHEY, FL 34653		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 152	Continued From page 2 "Wooden stairs leading to second floor had dust and debris and flaking paint on wall trim and baseboards up the staircase and throughout the 2nd floor hallways. "Black dirt and ground in debris on baseboards and floors at the _____ of and top of the stairs. "Scuff marks and dirty areas on the _____ of every stair, along with dried and sticky spill marks on the top of various stairs. "Brown drip marks and a large unidentified brown smear on the wall by the wooden handrail on the left, and at the top of the stairs on the right. "Bedroom 1 had a glass/wood door frame covered in dust, and baseboards and wood floor covered with ground in dirt and debris. "Bathroom 1 had rust-type stains on the wall and baseboard with dried _____ stains, by the toilet. There were muddy footprints on the white marbled tile. There was dirt/debris on door trim and baseboards in corners and along the wall, and ground in dirt along all grout lines on floor. "Bedroom 2 had a wooden tv tray against the _____ wall by the sliding glass door with pieces of brown rotting wood on the floor and baseboards under the table, and under the bed. There was thick gray dust covering all baseboards, bio-growth in and on the carpet throughout the room, such as under and around a gray plastic laundry bin and on a small bathroom rug on top of the carpet. There was a small refrigerator in the corner of the room that was leaking water on the small carpet it sat on and was overflowing water onto the rest of the carpet where there was brown and black bio-growth stains extending along the entire edge of the refrigerator. There was visible gray bio-growth inside the refrigerator where this was a loaf of bread, individual water bottles and a supplement shake. The refrigerator door did not close all the way and was actively dripping water. There was a puddle of water on the mat under	A 152			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965638	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/17/2022
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GULF HAVEN, INC.

**6343 ROWAN ROAD
NEW PORT RICHEY, FL 34653**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 152	Continued From page 3 the refrigerator door. There was thick, brown dust covering the wall vent and baseboards, and brown drip marks extended along the wall above the vent, behind the door. There was brown, ground in dirt and debris/crumbs in and on the carpet, and broken tiles at the edge of the bedroom door and the hallway. The wall air conditioner unit had brown and gray dust covered vents along the entire front of the unit. There was a sliding glass door along the wall that did not close all the way and was cracked on both sides to the outside. The door had tape covered in black dust, debris and black bio-growth that was peeling off the right side opening and hanging there. There were spiderwebs and bugs along the edge of the slider door and the wall. The sliding glass door had a film on the glass making it look smoky and blurry. "Bedroom 3 had a dresser with glass ring stains on top, along with dirt and crumbs. There was worn off paint on the wall in a stripe under the window and brown dust on the wall air conditioner unit. There were two butter containers, a plastic fork and spoon, and 7 brown cigarettes laying on top of the air conditioner. There were spiderwebs extending off the sides of the air conditioner, between the unit and the wall. There was dirt and debris along the baseboards and floors, with black ground into the wood floor in five places. There was tubing laying on the dirty floor, extending from the nightstand on each side of the bed. There was a window along the wall with no window covering. There was an overhead ceiling light fixture with no cover or light bulb. There was an electric heat gauge on the wall by the door, with no cover or dial, and brown drips along the wall underneath. "Bedroom 4 had paint rubbed off the wall behind the bed headboard and flaking paint and ground in dirt on the wall on the side of the bed.	A 152		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965638	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/17/2022
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GULF HAVEN, INC.

**6343 ROWAN ROAD
NEW PORT RICHEY, FL 34653**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 152	Continued From page 4 In an interview with Resident #1 conducted on ... at 10:50am they said the facility does not clean the resident rooms. In an interview with Resident #2 conducted on ... at 10:51am they said things have changed and the facility has a hard time keeping staff and just don't clean now. In an interview with Resident #3 conducted on ... at 11:10am they said the facility staff do not clean and if they want it done, they do it themselves. In an interview with Resident #4 conducted on ... at 11:20am he said that the staff do not clean in his room. In an interview with Staff A conducted on ... at 10:45am she said she was always working, and the Department of Health had not been ... for an inspection since the last report dated ... In an attempted record review of the Department of Health Group Care Inspection Report conducted on ... at 11:45am no current report was provided. In an attempted record review of the facility housekeeping policy conducted on ... no policy was provided. In an interview with the Administrator conducted on ... at 11:15am she confirmed that cleaning had been lacking due to staffing issues and understood the deficiency.	A 152		

AHCA Form 3020-0001
STATE FORM