Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965179	A. BUILDING: _____ B. WING _____	03/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE HARBOR ASSISTED LIVING RESORT	1320 SW 26TH STREET FORT LAUDERDALE, FL 33315

(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 An unannounced Relicensure with Limited Mental Health (LMH), Complaint (#2022003768) and Generator Monitoring surveys were conducted from [redacted] to [redacted] at Safe Harbor Assisted Living Resort. The facility had deficiencies identified related to the Relicensure at the time of the survey.	A 000		
A 152	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 [redacted] to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, [redacted] 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	A 152		

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A 152	Continued From page 1 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 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 and interview, the facility failed to provide a safe, clean and decent living environment to its residents, by not installing a sink inside a resident's bathroom. The findings included: In an interview with Resident #8 on at 10:50 AM, she stated the bathroom which was located in front of her bedroom (resident) did not have a sink. She stated this was the designated bathroom for use by the residents which lived in resident . . . . . and it was very inconvenient for her to have to go to the bathroom located in the dining room area every time she needed to wash her or brush her . . . . She stated the dining room bathroom was the closest bathroom to her bedroom and all the other 4 residents who lived in . . . . . had to do the same to use a sink. She stated her bathroom did not have a sink for about 2 months. In an observation conducted on . . at 10:55 AM in the bathroom located in front of resident . . . , there was only exposed plumbing pipes coming out of the wall and there was no sink, drain or faucet. (Photographic evidence was obtained)	A 152		

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A 152	Continued From page 2 In an interview conducted with the facility Owner on [redacted] at 11:05 AM, she stated the bathroom next to resident [redacted] was in the process of being renovated and confirmed the original sink was removed about 2 months ago. She stated the sink and related plumbing in this bathroom were removed by a contractor the facility hired to perform the bathroom renovation, but the sink and plumbing were not immediately replaced by this contractor. She stated the facility recently hired a new contractor to complete the bathroom renovation and she was aware a new sink and faucet needed to be installed in this bathroom. Class III	A 152		
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [redacted] are enrolled in the national retained print [redacted] notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all	CZ814		

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CZ814	Continued From page 3 criminal history checks through the clearinghouse before referring an employee or potential employee for electronic submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide proof that it registered the employment status of 2 of 5 sampled employees (Staff D and facility Owner) within the Background Screening (BGS) Clearinghouse. The findings included: Review of the facility's records revealed the facility did not have documentation to prove it registered Staff D and the facility Owner in the BGS roster and did not maintain these staff members' employment status within the BGS Clearinghouse. In an interview conducted with the Administrator on at 9:40 AM, she stated Staff D worked in the facility as a resident caregiver and the facility Owner worked in the facility as an Operations Manager. She stated she thought Staff D and the facility Owner were registered in the facility's BGS roster, but now realized these staff members were not presently listed in the facility's BGS roster. Unclassified	CZ814		