

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 R 06/06/2022
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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 000}	Initial Comments A second revisit to the & complaint investigation (# 2022002538) was conducted on at Gulf Haven, Inc. Deficiencies were identified at the time of the visit.	{A 000}		
{A 152} SS=G	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, 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	{A 152}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{A 152}	Continued From page 1 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 for all residents that resided at the facility. Findings Included: In a tour of the facility exterior conducted on between 10:00am-11:30am the following were observed: Loose and rotten wood planks that moved when stood on, on the outside patio where residents were observed smoking. Rotten wood at several areas at the roof line. Flaking paint along the exterior window trim on the first and second floors, flaking and fading paint on the siding exposing gray areas, flaking and fading paint on doors, door trim, and exterior lighting fixtures. In an interview with the owner conducted on at 10:43am he stated he had boards for the patio plank replacements and was getting a third quote on the roof, but it would take a little longer. He stated that the floor in the resident room on the first floor would be completed that day, and he would add rubber down all the ramps. He said he had completed almost all of the interior flooring and just had to add the thresholds where new floors met the tile. He said	{A 152}		

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NAME OF PROVIDER OR SUPPLIER GULF HAVEN, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 6343 ROWAN ROAD NEW PORT RICHEY, FL 34653			
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{A 152}	Continued From page 2 he had the facility pressure washed and had a painter starting on the weekend for the exterior. Photographic evidence obtained. Class III	{A 152}			