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
	AL11965638	A. BUILDING: _____ B. WING _____	R-C 09/07/2023

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
{CZ814}	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] are enrolled in the national retained print 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 5 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] 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; [illegible]; 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 ensure one (Staff A) out of one sampled employee was registered with the Agency for Healthcare Administration (AHCA) Background Screening Roster within 10 business days of hire.	{CZ814}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{CZ814}	Continued From page 1 Findings Included: A review of the facility AHCA background screening roster conducted on revealed that Staff A was not listed on the facility roster. An interview with Staff A conducted on [redacted] at 10:45 am revealed that Staff A had started 14 days ago. During an interview with Staff B conducted on [redacted] at 12pm he agreed with the finding. Unclassified	{CZ814}		
{A 000}	Initial Comments A Revisit to 08/16/2023 complaint survey (2023012495) was conducted at Gulf Haven, Inc. on 09/07/2023. Deficiencies were identified at the time of survey.	{A 000}		
{A 079} SS=D	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253 26-35 294	{A 079}		

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{A 079}	Continued From page 2	{A 079}		

36-45 335
46-55 375
56-65 416
66-75 457
76-85 498
86-95 539

For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week.
2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours.
3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night.
5. A staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times.
a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement.
b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently

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{A 079}	Continued From page 3 certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least . . . . must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work	{A 079}		

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{A 079}	Continued From page 4	{A 079}		

schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives.
(d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met.
1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs.
2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no

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{A 079}	Continued From page 5 longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure minimum staffing hours of 253 hours per week for a census of 18 residents. Findings Included: During an attempted review of the staffing schedule for the week of [redacted] conducted on the facility was unable to provide a schedule for review. During an interview with Staff A conducted on at 10:50am, Staff A stated there was no schedule and only 1 staff member worked on each shift. During an observation conducted between 9:10am and 11:45am, only one staff member was observed in the facility which housed 18 residents. Class III	{A 079}		

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{A 152}	Continued From page 6	{A 152}		
{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 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 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	{A 152}		

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{A 152}	Continued From page 7 be . . . . . . This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to maintain all existing electrical systems in good working order and free of hazards for all residents in the facility including a safe stairwell to exit from the second story in the event of an emergency, a . . . porch without rotting wood and holes. This placed 18 of 18 residents at risk of harm and injuries. Findings Included: On . . . . . between 9am and 12pm a two-story facility with a total of 18 residents was observed. There were 8 residents found to be residing on the first floor and 10 residents on the second floor of the facility. The facility had a . . . porch that had a deck made of wood where residents sat to smoke or relax. The following was observed: Outside of the facility: *In front of the facility were cigarette butts, paper and candy wrappers observed on the lawn. *There were empty cans and trash along the property line in the . . . of the facility. *In front of the facility was a container filled with trash. *Window air conditioning units were installed with construction foam being exposed and looking unsteady. There was also growth of a green algae like substance growing below the units. . . . Proch and . . . . yard of the facility: *The wood on the . . . porch, where residents were observed sitting and smoking throughout	{A 152}		

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{A 152}	Continued From page 8 the survey was rotted in many areas and some of the wood had holes. The flooring of the porch had soft spots and was caving in when walking on it. First Story of the Facility *An electric panel on the first floor in an unoccupied and unlocked resident room had a . . . . . panel being held together by tape and live electric wire was exposed. Residents and/or staff had access to high voltage wire. *The baseboards on the first floor were covered in dust, dirt, and debris. *Exposed pipe and wiring were observed in the living room. The pipes had a manufacturing date of . Second Story of the facility: *The second story had an emergency exit with a staircase leading to the backyard. The landing of the staircase was observed to be rusted and pieces were falling off. It was covered by a thin piece of metal, but the floor was also caving in when standing on it. Some of the metal steps had holes in them. *A smoke detector on the second-floor hallway was missing a cover. During interviews with Residents #1, #3, #6, #7 and #8 conducted on . . . . . between 10am and 11am the residents confirmed that the facility had roaches. During an interview with Staff A conducted on at 9:25am, Staff A stated that Cockroaches have been seen in the facility.	{A 152}		

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{A 152}	Continued From page 9 During interviews with Residents #4 and #6 conducted on between 10:24am and 10:29am it was confirmed that facility did not do any repairs to the porch area. During a phone interview with Staff B conducted on at 12pm, he agreed to all the findings and stated that he was working on resolving the issues. Photographic evidence obtained. Class II	{A 152}		
{A 161} SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable:	{A 161}		

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{A 161}	Continued From page 10 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ⌄ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to provide employee records for four (Assistant Administrator, Staff A, B and Staff C) out of 4 sampled employees. Findings included:	{A 161}		

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{A 161}	Continued From page 11 During an attempted review of employee records conducted on Staff A was not able to provide the records for any employees. During an interview with Staff A conducted on at approximately 9:45am Staff A stated that no employee records were at the facility and she did not know where the administrator kept the records. A phone interview with the Assistant Administrator conducted on at 9:32am revealed the administrator was out of the country during the time of survey and was not available. The Assistant Administrator could not provide the records. Class III	{A 161}		