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 _____	07/08/2024

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

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A 000	Initial Comments An unannounced Relicensure with Limited Mental Health (LMH), Complaint (#2024001288) and Generator Monitoring survey was conducted on . . . . . at Safe Harbor Assisted Living Resort. The facility had deficiencies related to the Relicensure at the time of the survey.	A 000		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of . . . . . testing materials satisfies the annual . . . . . examination requirement. An individual with a positive . . . . . test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable	A 078		

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A 078	Continued From page 1 . . . . . . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility _ to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff . . . . . by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that 4 of 4 staff members reviewed and provides direct care had a . . . . . ( ) or Communicable . . . . . Statement in their file (Staff B).	A 078		

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A 078	Continued From page 2 The Findings Include: A review of the facility file and documents for Staff B, HHA revealed she was hired on and provides direct care to residents. Review of her file also revealed that she did not have a . . . . . (.)/or Communicable . . . . . Statement from a licensed health care provider as required for staff having direct contact with Residents. A review of the facility file and documents for Staff C, CNA revealed she was hired on . . . . . and provides direct care to residents. Review of her file also revealed that she did not have a Communicable Statement from a licensed health care provider as required for staff having direct contact with Residents. A review of the facility file and documents for Staff D, CNA revealed she was hired on . . . . . and provides direct care to residents. Review of her file also revealed that she did not have a Communicable Statement from a licensed health care provider as required for staff having direct contact with Residents. In an interview with the Administrator and Owner/Operator on . . . . . at 2:31 PM she was informed that Staff B, C and D did not have a . . . . . (.)/or Communicable . . . . . Statement from a licensed health care provider as required for staff having direct contact with Residents. They were provided an opportunity to review the files and acknowledged the findings. No additional documentation was provided during the survey.	A 078		

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A 078	Continued From page 3 Class	A 078		
A 083	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). 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 that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility to ensure that a staff member holding current certification in First Aid/or ( ) was present in the facility at all times. Or, that staff with Basic Life Saving (BLS) certificates completed first Aid Training instead (Staff C and D). The facility also failed to ensure completion for First Aid and ( ) training was completed for Staff A and B.	A 083		

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A 083	Continued From page 4 The Findings Include: A review of Staff A's facility file and documents revealed she was hired on and provides direct care to Residents. The review also revealed she had a valid Basic Life Saving (BLS) certificate in her file valid - . However, she did not a have valid/or current documentation of First Aid certification in her file. A review of Staff B's facility file and documents revealed she was hired on and provides direct care to Residents. The review also revealed she did not have documentation (certification) of completion in First Aid or ( ) in her file. A review of Staff C's facility file and documents revealed she was hired on and provides direct care to Residents. Staff C had a valid Basic Life Saving (BLS) certificate in her file valid - . However, she did not have documentation of First Aid Training in her file. A review of Staff D's facility file and documents revealed she was hired on /202 and provides direct care to Residents. Review reviewed Staff D had a valid Basic Life Saving (BLS) certificate in her file valid - , but no evidence she had received First Aid training. In an interview with the Manager on at 2:31 PM she was informed that Basic Life Saving (BLS) is not the same/or equivalent of First Aid. She understood after the explanation	A 083		

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A 083	Continued From page 5 and stated she will arrange for all direct care staff to take the training. No additional documentation was provided during the survey. Class III	A 083		
A 151	59A-36.014(2) FAC Physical Plant - Existing Facilities (2) EXISTING FACILITIES. (a) An assisted living facility must comply with the rule or building code in effect at the time of initial licensure, as well as the rule or building code in effect at the time of any additions, modifications, alterations, refurbishment, renovations or reconstruction. Determination of the installation of a fire sprinkler system in an existing facility must comply with the requirements described in section 429.41, F.S. (b) A facility undergoing change of ownership is considered an existing facility for purposes of this rule. This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure that Residents lived in a safe/clean environment free from The Findings Include: During the survey observation was made of a hole at the bottom of the North and West side doors in the facility's dining room (photos obtained). Observation of apartment (room) #4 on . . . . . by this surveyor revealed a missing vent cover in the Resident bathroom located in the Northeast section by . . . # . Observation of	A 151		

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A 151	Continued From page 6 the opening revealed that it was large enough to permit insects, rodents, vermin to enter the area through its opening (Photo evidence obtained). Observation was made of an uncovered electrical wall plate located on the West wall, directly over the Resident's bed in . . # . . Observation also revealed Mini blinds in window located on the West wall was torn, allow light in during the night, and it does not provide complete privacy as an individual outside has an unabated view into the room. In addition, the room has no closet for residents of the room to hang their clothing (Photo evidence obtained). In an interview with the Administrator on at 10:52 AM she was informed of the findings above. She stated during the interview that they are in the process of installing shelving in # and would replace the mini blinds. She also stated they will make the repairs to the vent cover, electrical outlet cover, and holes in the dining room doors. No other information or documentation was provided during the survey. Class III	A 151		