STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968028	07/25/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
K's Haven, Inc	7813 Sw 8th Court North Lauderdale, FL 33068	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility Limited Nursing Services (LNS) monitoring survey was completed on [redacted]. K's Haven, had licensure deficiencies found at the time of the visit.

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on observation, interview and record review the facility failed to meet standards of admission and continued residency for residents receiving Limited Nursing Services (LNS) for 1 out of 1 sampled resident (Resident #1).

The findings include:

On [redacted] at approximately 9:00 AM, during an interview with an Aide, she stated that Resident #1 was receiving hospice care services. She stated that the resident had declined in the past months. She stated that she assists him with [redacted] care, changing the bag daily. She stated that the Hospice Aide visits a few times a week providing ADL care and the Registered Nurse visits once a week.

On [redacted] at approximately 9:45 AM during an interview with the Administrator she stated that no residents were receiving Limited Nursing Services (LNS) care. She confirmed that Resident #1 was on hospice services. She stated that he was admitted on [redacted], he was alert, and had been able to perform self care. She stated that the facility staff are now changing the residents [redacted] bag since his decline. She stated that she was unaware unlicensed staff could not perform [redacted] care. She stated that she has contract with an RN but had not utilized the nurse to perform the [redacted] care.

Review of the medical record, 1823 form dated [redacted] revealed the resident was admitted with the following medical conditions, adult [redacted] history, [redacted] and [redacted] with exertion due to smoking history and [redacted]. The resident requires assistance for all ADL care, due to [redacted] and fatigue. The resident is a [redacted] risk due to chronic productive [redacted] and is prescribed a pureed diet. The resident was assessed and admitted to Hospice services on [redacted]. He is documented to be pale, frail and cachectic, oriented to person only. He had a

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history of [redacted] with increased [redacted] and poor endurance. The resident is no longer able to ambulate and requires assistance with transfers. He is no longer able to perform [redacted] care and is [redacted] of [redacted]. The resident has no family or friends to monitor his care. The resident is placed on hospice services including a home health aide 3 x a week and nursing assessment weekly. Review of the Hospice interdisciplinary care plan dated [redacted] reveals the facility staff will provide [redacted] care.
Record review failed to indicate any physician orders for LNS or nursing assessment notes completed by the facility. It was also noted the facility failed to arrange for the resident to receive nursing services related to [redacted] care, as physician ordered.

On [redacted] at approximately 9:55 AM during a phone interview with the Hospice Registered Nurse she stated she performs a nursing assessment weekly. Review of the medical record revealed no hospice weekly nursing notes available at time of survey. She stated that she visits weekly, not daily. She stated that the facility staff were performing the [redacted] care for the resident. She stated that due to the residents decline, he is unable to perform his own [redacted] care. She stated that she will contact the physician to obtain a written order for [redacted] care, update the 1823 to reflect the resident current condition and coordinate with the facility to provide nursing coverage for daily [redacted] care.

On [redacted] at approximately 12:00 PM during an interview with the Administrator she agreed the [redacted] care services should be provided by a nurse and documented as required by the Limited Nursing Services license. It was also revealed no further documentation was available for review.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
K's Haven, Inc
7813 SW 8th Court
North Lauderdale, FL 33068

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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