STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968206	11/15/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Safety Harbor Senior Living	**101 Main Street Safety Harbor, FL 34695**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Two unannounced complaint surveys, CCR# 2013008672 and CCR# 2013010393, were conducted on / , in conjunction with a biennial state licensure survey.

The Safety Harbor Senior Living, assisted living facility, had an unrelated deficiency cited relative to CCR# 2013008672. No deficiencies were cited relative to CCR# 2013010393.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation and interview the facility failed to ensure 1 out of 36 residents (Resident #1) to be treated with consideration and respest and with due recognition of personal dignity, individuality, and the need for privacy.

Findings include:

An interview with Employee A on / at approximately 6:57pm revealed that a baby camera was in Resident #1 | at resident's bed and the small television monitor was located in the 2nd floor dining area.

An Interview with the Administrator on / at approximately 7:05pm did confirm that there was a baby camera set up in Resident #1 the small television monitor is located in the 2nd floor dining area. Resident #1 family brought the camera into the facility and was aware it was set up to monitor Resident #1 so Resident #2 did not try to get Resident #1 out of bed.

Observation on / at approximately 7:10pm by two AHCA Surveyors, did confirm the small television monitor is located in the 2nd floor dining area on a counter on the left side of the dining area where residents, staff and visitors could see Resident #1 in the resident's bed.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Safety Harbor Senior Living
101 Main Street
Safety Harbor, FL 34695

Dear Administrator:

Re: Biennial & **CCR# 2013008672 & CCR# 2013010393**

This letter reports the findings of a biennial state licensure survey and two complaint surveys that were conducted on , 2013, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate no deficiencies were identifed relative to the biennial and the deficiency that was identified relative to the complaint survey, CCR# 2013008672. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

FW Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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