STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922334	12/06/2013
NAME OF PROVIDER OR SUPPLIER **Spring Haven Retirement Community**	STREET ADDRESS, CITY, STATE, ZIP CODE **1225 Havendale Blvd Nw Winter Haven, FL 33881**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D

Specific Tag Findings:

Assisted Living Facility

Five complaint survey, CCR# 2013010319, CCR# 2013011055, CCR# 2013011752, CCR# 2013012227, and CCR# 2013012527, were conducted on in conjunction with a change of ownership (CHOW) state licensure survey.

The Spring Haven Retirement Community had a deficiency at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on interview and record review, the facility failed to properly assess whether they could continue to maintain one of twelve sampled residents (Resident #2) safely in the facility. Resident #2 had a documented history of physical violence and multiple incidents of aggression toward other residents and exit-seeking behavior in the facility's secured memory care unit, yet the facility did not discharge the resident. This decision placed Resident #2 and other residents at risk of harm.

Findings include:

On , the surveyor reviewed an incident report sent to Central Office dated , regarding an incident that occurred on . The report indicated that Resident #2 had approached facility staff and said there was a female resident in Resident #2's Resident #2 had "pushed her down" because "it was his legal right." The incident report further indicates that higher level of care was not being considered "because it was the first incident."

On at approximately 9:30 AM, the surveyor interviewed Employee D. Employee D said that Resident #2 has had multiple aggressive episodes, as well as multiple instances of getting out of the memory care unit into the rest of the building. Employee D said that Resident #2's wife reported he was violent before he arrived at the facility. Employee D said that Resident #2 has been physically violent toward his wife and has been aggressive to other residents and facility staff multiple times over the last several weeks. Employee D said that the facility has consulted with Resident #2's psychiatrist and the psychiatrist has increased Resident #2's medications recently but cannot increase them anymore because Resident #2's family will not consent. Employee D also said with the current staffing schedule, the memory care unit does not have the resources to provide one-on-one supervision for Resident #2.
Regarding the exit-seeking behaviors, Employee D said that Resident #2 either gets the code for the door from his wife when she visits or watches when others come and go from the unit and gets the code. Employee D said Resident #2 had been able to get out of the unit the day before and was found in the hallway.

On , the surveyor reviewed the record for Resident #2. The surveyor noted the record contained a evaluation dated indicating that Resident #2 had a long history of violence with his spouse,

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including verbal aggression, threats and throwing things at her.
The following incidents were also documented in the observation section of Resident #2's record after the incident on :
/ - Resident #2 trying to unlock the door of the memory care unit
- Resident #2 shook his fist and was aggressive toward another resident and their family member.
- Resident #2 was outside the memory care unit.
-Resident #2 threatened staff and also hit another resident with his cane.
- Resident #2 hit staff in the face.

When interviewed on at approximately 2:15 PM, the administrator said he'd hoped that the volume of the incidents would help the family understand the need for increased medication or a private sitter for Resident #2.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Spring Haven Retirement Community
1225 Havendale Blvd Nw
Winter Haven, FL 33881

Dear Administrator:

Re: CCR# **2013010319**, CCR# **2013011055**, CCR# **2013011752**, CCR# **2013012227**, CCR# **2013012527**, and CHOW survey

This letter reports the findings of a five complaint surveys and a change of ownership (CHOW) state licensure survey 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 the deficiency that was identified on the day of the visit relative to the complaint surveys. 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,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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