STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968159	04/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A Safe Haven Assisted Living	9000 86th Ave N Largo, FL 33777	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0028 - 58a-5.0182(4) Fac - Resident Care - Activities Of Daily Living S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

A change of ownership (CHOW) state licensure survey was conducted on .

A Safe Haven Assisted Living facility had deficiencies at the time of the visit.

0007-Admissions - Criteria 58A-5.0181(1) FAC

Based on record review and interview, one of two residents whose file was sampled had been inappropriately admitted (#4). Findings include:

In an interview with the co-owner of the facility at approximately 11am on , she indicated that Resident #4 (admitted was a Hospice client. This was validated by review of Resident #4's Hospice folder--with admission papers dated . Review of this individual's health assessment revealed that the resident had a pressure on her --an index of inappropriateness in an ALF setting. Interview with the owner and designee at approximately 5pm on verified that Hospice was addressing the resident's multiple pressure sores, including the .

Class III

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observation and interview, the facility did not provide an ongoing activities program in which the residents were actively involved in the selection and planning process, nor did the facility ensure the minimum 12 hours per week of scheduled activities were offered. Findings include:

Although an activities calendar was noted during the initial tour of the facility at approximately 10:30am on , this document contained "morning walk" as a major activity about 4-5 days/wk, 1.5 hours/at a time. Virtually no residents were observed walking around or outside during the survey. During resident interviews, five of five residents indicated that the facility offered no structured activities at any time of the day/evening, with the exception of an occasional movie or board game. They explained that the primary activity available was the television, and that even the remote control was often held onto by the staff (apparently to keep the resident arguments over what channel to watch to a minimum).

Class III

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0028-Resident Care - Activities of Daily Living 58A-5.0182(4) FAC

Based on interview and record review, the facility was not consistently offering supervision or assistance with all activities of daily living (ADLs) as needed for at least 4 of 4 residents requiring said staff intervention (#2;3;5;6). Findings include:

Resident interviews conducted between approximately 10:40am and 3pm on revealed that Residents #2,3,5 and 6 all needed staff supervision/assistance with their showers. These residents further explained that they "were supposed to be assisted with their shower by staff at least twice per week, but that they were not receiving this ADL service as expected/agreed upon, frequently only getting one shower/wk. and regularly going up to 2 weeks without shower assistance." A review of the 2014 facility shower log underscored this assertion. For example, Resident #3's log after found no showers documented that had been assisted with--throughout and , while Resident #2's logs found equally incomplete documentation--both and with 1-2 showers logged at the most. Interview with the co-owner at approximately 4:30pm on provided no clarification regarding the residents' concerns.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, one of three staff sampled (A) did not have a statement from a health care provider, no more than six months old, that he/she did not have any signs/symptoms of a communicable other than Findings include:

A personnel file review during the survey revealed that although Staff A (hired had a statement from , further review of the record found no general evaluation from a health care provider attesting to this individual's freedom from other communicable

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based on record review and interview, the facility did not ensure that at least one staff member was in the facility at all times who was trained in First Aid with respect to one of three staff sampled (C). Findings include:

A personnel record review during the survey found that Staff C, hired , had no First Aid certificate available for inspection. Review of the staffing schedule revealed that this employee was scheduled to be alone during the night shift on a routine basis. Interview with facility administration at approximately 4:45pm indicated that "Staff C was supposed to be receiving First Aid training on

Class III

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0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview, three of three staff sampled (A-C) had not received all required training within 30 days of employment.

Findings include:

A personnel file review during the survey revealed that there was no documentation verifying that Staff A, B, and C had received the following training: a) emergency preparedness and evacuation procedures, including chain of command and b) major and adverse incident reporting. Interview with the co-owner and designee at approximately 4:50pm on verified that this documentation was missing from these records.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
A Safe Haven Assisted Living
9000 86th Ave N
Largo, FL 33777

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) state licensure survey that was conducted on 2014, by representative(s) 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 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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