STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965179	05/01/2014
NAME OF PROVIDER OR SUPPLIER **Safe Harbour Assisted Living Facility**	STREET ADDRESS, CITY, STATE, ZIP CODE **1320 Sw 26th Street Fort Lauderdale, FL 33315**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - [redacted] S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - [redacted] S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0182 - 58a-5.026(3) Fac - Emergency Mgmt - Plan Implementation S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on [redacted] at Safe Harbour Assisted Living Facility. The facility had deficiencies found at the time of the visit.

An unannounced complaint survey #2014001549, was conducted in conjunction with Relicensure on the same date. Please refer to separate report for findings.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on observation and interview, the facility failed to ensure 1 out of 4 (staff D) current staff members have a written statement from a health care provider that the individual does not have any signs or symptoms of a communicable [redacted] within 30 days of employment. The facility also failed to ensure that a facility with a capacity of 17 or more residents, developed a job description for each staff position.

The findings include:

In an interview conducted with Staff E on [redacted] at 9:15 AM, she stated that Staff D was the housekeeper and that she was filling in today because a staff member had called in sick. In an interview conducted on [redacted] at 10:15 AM with Staff A and Staff B, they stated that Staff D was the housekeeper and those were her only responsibilities.

An observation was made on [redacted] at 10:20 AM of Staff D freely going in and out of resident [redacted]

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and about the facility cleaning and mopping. An observation was made on at 10:30 AM of Staff D inside of a resident a resident present with full access to the residents property, conducting housekeeping activities. In an interview conducted with Staff D on at approximately 10:35 AM inside a resident the resident not present, she stated she was a staff member at the facility. Upon further questioning she changed her statement and stated she was a volunteer and has not received any training at the facility.

In an interview conducted on at 12:30 PM with Resident #6, she stated she was under the impression that Staff D was a staff member at the facility and she cleans her does a good job.

In an interview conducted with the Administrator on at 12:55 PM , she stated that Staff D began to work at the facility on . The Administrator confirmed she does not have a personnel file for Staff D to review and that Staff D is a volunteer. She further stated the facility does not have a statement from a health care provider that Staff D is free of signs and symptoms of a communicable she does not have a Level 2 background screening , a job description , documentation of any training's and they do not know Staff D's last name. The Administrator attempted to call Staff D by phone to obtain her last name, but was unsuccessful as the employee had left the facility.

Class III

0082-Training - 58A-5.0191(3) FAC

Based on observation and interview, the facility failed to ensure that 1 out of 4 (staff D) current staff members have the required and training within 30 days of employment.

Findings include:

An observation was made on at 10:20 AM of Staff D freely going in and out of resident and about the facility conducting housekeeping activities and interacting with the residents. An observation was made on at 10:30 AM of Staff D inside of a resident a resident present with full access the resident's property , conducting housekeeping activities. In an interview conducted with Staff D on at approximately 10:35 AM, inside a resident the resident not present, she stated she was a staff member at the facility. Upon further questioning she changed her

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In an interview conducted with the Administrator on at 12:55 PM , she stated that Staff D began to work at the facility on The Administrator confirmed she does not have a personnel file for Staff D to review and that Staff D is a volunteer. She further stated the facility does not have a statement from a health care provider that Staff D is free of signs and symptoms of a communicable she does not have a Level 2 background screening , a job description , documentation of any training's and they do not know Staff D's last name. The Administrator attempted to call Staff D to obtain her last name, but was unsuccessful as the employee had left the facility.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on record review an interview, the facility failed to provide documentation of completion of the required one hour of training in the facility's policy and procedures regarding in-service training, for 3 of 3 sampled employees (Employee A, B and C).

The findings include:

A review on at 11:30 AM of the personnel records revealed Employee A, B and C lacked the required documentation verifying training in the facility's policy and procedures regarding . Further record review revealed the employees had been employed at the facility more than 30 days.

During an interview on at 11:40 AM the Administrator she stated she acknowledge the findings.

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

Based on observation and interview, the facility failed to maintain a personnel record for 1 out of 4 (staff D) current staff members which includes the following: a copy of an employment application with references, documentation verifying freedom from signs and symptoms of communicable compliance with all required staff trainings, a job description, Level 2 background screening .

The findings include:

In an interview conducted with Staff E on at 9:15 AM, she stated that Staff D was the housekeeper and that she was filling in today because a staff member had called in sick. In an interview conducted on at 10:15 AM with Staff A and Staff B, they stated that Staff D was the housekeeper and those were her only responsibilities.

An observation was made on at 10:20 AM of Staff D freely going in and out of resident and about the facility cleaning and mopping. An observation was made on at 10:30 AM of Staff D inside of a resident a resident present with full access to the residents property, conducting housekeeping activities. In an interview conducted with Staff D on at approximately 10:35 AM inside a resident the resident not present, she stated she was a staff member at the facility. Upon further questioning she changed her statement and stated she was a volunteer and has not received any training at the facility.

In an interview conducted on at 12:30 PM with Resident #6, she stated she was under the impression that Staff D was a staff member at the facility and she cleans her does a good job.

On at 12:50 PM, a request was made by the surveyor to review Staff D's personnel file, the Administrator confirmed they do not have a personnel file for review for Staff D.

In an interview conducted with the Administrator on at 12:55 PM , she stated that Staff D began to work at the facility on The Administrator stated Staff D, does not have a statement from a health care provider that she is free of signs and symptoms of a communicable , she does not have a Level 2 background screening , a job description , documentation of any training's and they do not know Staff D's last name. The Administrator attempted to call Staff D to obtain her last name, but was unsuccessful as the employee had left the facility.

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0182-Emergency Mgmt - Plan Implementation 58A-5.026(3) FAC
Based on interview, the facility failed to ensure that 1 out of 4 (staff D) current staff members are trained in their duties and are responsible for implementing the emergency management plan.

The findings include:

In an interview conducted with Staff D on at approximately 10:35 AM, inside a resident the resident not present, she stated she was a staff member at the facility. Upon further questioning she changed her statement and stated she was a volunteer and has not received any training at the facility.

In an interview conducted with the Administrator on at 12:55 PM , she stated that Staff D began to work at the facility on She confirmed the facility does not have a personnel file for Staff D to review. Therefore she was unable to provide documentation indicating Staff D had obtained training regarding the facility's Emergency Plan. The Administrator attempted to call Staff D to obtain her last name, but was unsuccessful as the employee had left the facility.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on observations and interview, the facility failed to ensure that a Level II Background Screening was obtained as required, for 1 of 4 staff (staff D) records reviewed.

The findings include:

In an interview conducted with Staff E on at 9:15 AM, she stated that Staff D was the housekeeper and that she was filling in today because a staff member had called in sick. In an interview conducted on at 10:15 AM with Staff A and Staff B, they stated that Staff D was the housekeeper and those were her only responsibilities.

An observation was made on at 10:20 AM of Staff D freely going in and out of resident

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In an interview conducted on at 12:30 PM with Resident #6, she stated she was under the impression that Staff D was a staff member at the facility and she cleans her does a good job.

On at 12:50 PM, a request was made by the surveyor to review Staff D's personnel file, the Administrator confirmed they do not have a personnel file for review for Staff D.

In an interview conducted with the Administrator on at 12:55 PM , she stated that Staff D began to work at the facility on She stated the facility does not have a Level 2 background screening for Employee D. The Administrator stated they do not know Staff D's last name. The Administrator attempted to call Staff D by phone to obtain her last name, but was unsuccessful as the employee had left the facility.

The AHCA Background Screening Data base was not searched due to the Administrator unable to provide a last name, date of birth, or social security number for Staff D.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Safe Harbour Assisted Living Facility
1320 Sw 26th Street
Fort Lauderdale, FL 33315

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2014 by representative from 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 . **2014** 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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