STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910925	07/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Fair Havens Center Llc	201 Curtiss Parkway Miami Springs, FL 33166	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards 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 Abbreviated Biennial survey was conducted on & . Fair Havens Center LLC had deficiencies identified at the time of the survey.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview the facility failed to have medications secured at all times.

Findings include:

Observation on at approximately 12:17 p.m. revealed that nurse's station on the third floor's door was open and there were no staff members present. Unlocked medications were observed on the top of the desks which included:
- for resident #4
- Sol 5% for a resident at the facility
- Emu 0.05% for a resident at the facility
- - 2 vials for a resident at the facility
- Tramadol 37.5-325 for morning, afternoon and evening for resident #10

In an interview with administrator on at approximately 12:30 p.m. revealed that those medicines were delivered by the pharmacy and whoever received them forgot to place in a secure place.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on observation, record review, and interview the facility did not ensure that 1 out of 11 sampled employees (Staff D) had received in-service training within 30 days of employment that covers resident elopement response policies and procedures.

The findings include:

Personnel record review conducted on at about 1:00 p.m. Staff D hired on did not have documentation that he received in-service training within 30 days of employment that covers resident elopement response policies and procedures.

Interview conducted with the facility's administrator on at approximately 11:00 a.m. revealed that Staff D did not receive in-service training within 30 days of employment that covers resident elopement response

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policies and procedures.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on record review and interview the facility failed to ensure that 1 out of 11 sampled employees (Staff G) have a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Findings include:

Record review found that Staff G was a Certified Dietary Manager (CDM) and Certified Food Protection Professionals (CFPP) since / . Record review found that Staff G did not have any documentation of completing at least 2 hours continuing education regarding nutrition and food service in an assisted living facility annually.

On at about 11:30 AM the facility's administrator confirmed that Staff G is food manager.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on record review and interview the facility failed to encourage residents to participate in menu planning. The facility failed to serve the standard portions of food and failed to provide the specified drinking cups on the menu.

Findings include:

Lunch observation on and at about 12:00 p.m. revealed that four residents were served turkey bologna and cheese sandwiches. A lot of residents left a big portion of their food in their plates.

Breakfast observation on at 7:30 a.m. revealed that the juice was served in disposable cups of 5 ounces.

The menu was reviewed on and it revealed that 6 ounces of C juice would be served at breakfast.

Interview conducted with Residents #2, 3, 4, 5, 6, 7, 8, 10, 14, and 15 revealed that they do not like the food. They stated "we do not like the food combination and the taste. The grains of rice and beans were under cook sometimes. They provide substitution but if you asked for ham and cheese sandwich they gave you bologna instead of ham. We all are Hispanic and the condiments that they use to prepare the food give a different taste that we are used to eating. This is not our chicken soup, black beans, chicken fricassee, yellow rice and barbecue pork. All the staff knows that we do not like the food and no one do anything. We talked about the food in the sident council few months ago and nothing happened.

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Interview was conducted with Staff B, C, and E on at about 12:00 p.m. We do not know if the food is good or not because we haven't eating the food. The food is prepared in the Nursing Home kitchen located next to the facility. We know that the residents do not like the food, they said that they do not like the food taste and combination.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on observation, record review, and interview the facility failed to provide evidence of Level II background screening for 1 out of 11 sampled employees (Staff G).

The findings include:

Personnel records review revealed Staff G, food manager, did not have proof of a completed level 2 background screening.

Background screening website was reviewed during the survey. Staff G results stated "A new screening is required".

On at about 11:30 AM the facility's administrator confirmed that Staff G did not have completed level 2 background screening results on her file.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Fair Havens Center Llc
201 Curtiss Parkway
Miami Springs, FL 33166

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial 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 after 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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