STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968028	10/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
K's Haven, Inc	7813 Sw 8th Court North Lauderdale, FL 33068	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR# 2014007698 was conducted on [redacted] at K's Haven assisted living facility (ALF). The facility had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on interview and record review, the facility failed to provide a completed health assessment for 1 out of 5 residents (Resident #5).

The findings are:

Review of Resident #5's record indicated that he was admitted to the facility on [redacted] and his health assessment did not contain page #4 with a physician signature to represent the resident actually received a physical examination by a physician or a completed page #5. Further review of the resident ' s record indicated that he was discharged from the facility on [redacted].

In an interview with the Administrator on [redacted] at 11:05am, she stated that she was aware that Resident #5's health assessment did not contain page 4 or a completed page 5. She stated that she did not know where the missing page from this resident ' s health assessment was.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on observation, record review and interview, the facility failed to provide a scheduled leisure activity program for the residents.

The findings are:

In an observation on at 11:15am, in the main living area, there were 3 residents sitting on the couches watching television. Review of the facility activity schedule indicated that the scheduled activity during the time and day of this inspection was "flash cards".

In an interview with Resident #4 on at 11:20am, she stated that the facility does not regularly provide or offer any activities to her or any of the other 3 residents. She stated that she last remembered participating in a bingo game activity about 3 weeks ago and no other activity program has been organized for the residents since then.

In an interview with the caregiver on at 11:40am, she stated that she has been working in the facility since the beginning of 2014, during the 7am to 7pm shift and that she does not provide or engaged the facility residents in any of the activities described in the posted activity calendar. She stated that she was not aware that it was her responsibility to follow the activity calendar.

Class III

0160-Records - Facility 58A-5.024(1) FAC
Based on interviews and record review, the facility failed to provide an up to date admissions and discharge log for resident #6.

Findings include:

Review of the facility's admission and discharge log on indicated that Resident #6 was admitted to the facility on and does not show a discharge date, reason for discharge and discharge location.

In a telephone interview with the Administrator on at 11:05am, she stated that she did not want to answer questions relating to this inspection.

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In an interview with the caregiver on at 11:40 AM, she stated she has been working at the facility since 2014, the 7:00 AM to 7:00 PM shift and she has not seen Resident #6 living at the facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
K's Haven, Inc
7813 SW 8th Court
North Lauderdale, FL 33068

RE: CCR #2014007698

Dear Administrator:

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

Sincerely,

Arlene avis
Field O nager

AMD
Enclosure

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