STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911641	11/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
The Haven House At Ocala	**12980 S.W. Highway 484 Dunnellon, FL 34430**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments
On an unannounced Biennial Licensure survey with Extended Congregate Care survey was conducted at The Haven House Assisted Living Facility. Deficient practice was identifed at the time of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observations and interviews, the facility failed to post the telephone numbers for the Florida Hotline, Agency for Healthcare Administration Consumer Hotline and Rights Hotline in full view in a common area accessible to all residents for 43 of 43 residents in the facility.

Findings:

On at 8:41 a.m. observation showed no documentation of telephone numbers posted for the Florida Hotline, Agency for Healthcare Administration Consumer Hotline, and Rights Hotline, inside the premises of the facility.

On at 8:51 a.m., an interview was conducted with the facility administrator. She stated the Florida Hotline, Agency for Healthcare Consumer Hotline, and Rights Hotline telephone numbers are not posted in the facility.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record reviews and interviews the facility failed to have annual documentation of freedom from exam for 1 or 4 employees (Staff C).

Findings:

On a record review of direct care employees, Staff C, showed a hire date of . Further review revealed Staff C had a chest X-ray . Staff C did not have a freedom from communicable statement in her record either.

On at approximately 11:38 p.m. an interview was conducted with the Administrator. She said she thought because staff C had an X-ray she was good for 5 years. The Administrator did not know why the freedom from communicable statement was missing.

Class III

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

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record reviews and interviews the facility failed to provide documentation showing in-service training within 30 days of hire for 2 of 3 employees reviewed (Staff B and C).

Findings:

On a record review was conducted on direct care staff B who was hired by the facility on It was observed that he had not had his in-service training within 30 days of hire for control training, Activities of Daily Living Behavior needs training, Elopement Response Training, Emergency Preparedness, Evacuation training, Incident Report training, Resident Rights training, Recognizing and Reporting Neglect, & Training, Nutritional Safe Food handling training.

On a record review was conducted on direct care staff C training records who was hired It was observed she did not have documentation showing she had received Elopement response training, or Incident Report training.

On at approximately 11:38 p.m. the Administrator was asked why Staff B did not have the required in-service training within 30 days of being hired. She said she stared working in the facility in 2014 and she thinks he was not available for the training when the facility was conducting it. She did not know why the missing documentation was missing from Staff C's records.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on record reviews and interviews the facility failed to ensure 1 of 3 employees sampled (Staff B) received training within 30 days of hire.

Findings:

On a record review was conducted on direct care staff B training records. It was observed he was hired on and he had not received his training as required.

On at approximately 11:38 p.m. the Administrator was asked why Staff B had not received the required training within 30 days of hire. She stated he was not available for the class when it was offered.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911641	11/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
The Haven House At Ocala	**12980 S.W. Highway 484 Dunnellon, FL 34430**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0086-Training - ADRD 58A-5.0191(9) FAC
Based on observations record reviews and interviews the facility failed to provide [redacted] l training within 3 months of hire for 1 of 3 employees sampled (Staff C).

Findings:

On [redacted] at approximately 9:30 AM it was observed that the facility advertises that it is a memory care facility.

On [redacted] during a record review of direct care staff C, who was hired on [redacted], it was observed that there was no documentation showing she had received [redacted] level I training with 3 months of hire.

On [redacted] at approximately 11:38 PM an interview was conducted with the Administrator regarding the missing [redacted] training for Staff C. the Administrator said she did not know why there was no documentation in Staff C training record showing she had received the training for [redacted] level I. She stated she started working in the facility in [redacted] 2014.

Class III

0090-Training - [redacted] 58A-5.0191(11) FAC
Based on record reviews and interviews the facility failed to provide documentation for [redacted] training within 30 days of hire for 1 of 3 employees (Staff B).

Findings:

On [redacted] during a record review of direct care staff B who was hired on [redacted], training records it was observed that he had no documentation showing he had received his [redacted] training.

On [redacted] at approximately 11:38 PM an interview was conducted with the administrator regarding the missing documentation. She stated that Staff B was not available when the training was given at the facility.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on record reviews and interviews the facility failed to have required records for 2 of 3 employees reviewed. Staff A was missing her job description and staff B was missing his application.

Findings:

On [redacted] a record review was conducted of direct care staff A. It was observed she did not have a job description in her record.

On [redacted] a record review was conducted on direct care staff B. It was observed that he did not have an completed application in his record.

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On at approximately 10:10 AM the Administrator stated she did not know why staff A did not have a job description in her record or why staff B did not have a completed application.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
The Haven House at Ocala
12980 S.W. Highway 484
Dunnellon, FL 34430

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by representative(s) of this office.

Enclosed 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 this office at (386) 462-6201.

Sincerely,

Kristen J. Mennella
Field Office Manager

KJM/amw
Enclosure

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