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	AL11968159	02/03/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A Safe Haven Assisted Living	9000 86th Ave N Largo, FL 33777	
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List of Tags Cited:

St - A - 0007 - 429.26(11) Fs; 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0008 - 429.26(4-6) Fs; 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0009 - 58a-5.0181(3) Fac - Admissions - Admission Package S-S= D
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0077 - 429.176 Fs; 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D
St - A - L240 - 58a-5.029(1) Fac - Lmh - Licensing S-S= D
St - A - Z809 - 59a-35.062(3)(e)&(7),408.803(7),408.810 - Proof Of Financial Ability To Operate S-S= C

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced complaint survey, CCR# 2015000998, was conducted on .

The A Safe Haven Assisted Living LLC, assisted living facility, had deficiencies at the time of this visit.

0007-Admissions - Criteria 429.26(11) FS; 58A-5.0181(1) FAC

Based on observation, record reviews, and interviews, the facility failed to ensure that all residents admitted to the facility meet minimum criteria for acceptance. The facility failed to ensure that the facility administrator has determined residents to be appropriate for admission to the facility, based on assessment of residents' medical examination and needs and services the facility is prepared to provide or arrange in order to meet resident needs without exceeding the scope of the facility's license. The facility failed to ensure that all residents admitted are capable of taking medication by either self-administration or assistance with self-administration by unlicensed staff. The facility failed to ensure that residents admitted do not require 24-hour nursing supervision or 24-hour licensed professional mental health treatment.

Findings include:

AHCA Surveyors conducted a visit at the facility on . beginning at approximately 9:00am.

Per . interview with staff on duty on . 5 persons were dropped off at the facility by the facility owner ' s son and a maintenance worker from Guided Management Inc. at approximately 6:30pm on . Only one staff person was working at the facility at that time; staff stated he thought the arrivals were from the Department of Corrections; he had not been informed that any new residents would be arriving. The 5 individuals were dropped off in the early evening with bags containing personal belongings and no admissions paperwork. Per . interview with a family member who visits the facility daily, facility residents were frightened by the newcomers. Per . interview, a resident stated: " The reason they brought those 5 here is because they pay

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cash and these people do not have the money to run this place. They said they were independent living residents. I feel uncomfortable due to the 5 people that came in; it was fine before they came. "

Per review of the facility Admission/Discharge Log, all 5 (Residents #1, #2, #5, #6, & #7) were admitted to the facility on . Per record review on , all 5 are mental health residents----diagnoses include, but are not limited to, affective with auditory hallucinations, and . All 5 residents were transferred from a closed facility that had a limited mental health license, owned by the same owners as the current facility. Two Residents with mental health diagnoses had been transferred from that facility to the current facility on . The current facility does not have a limited mental health license. As cited (Tag L240), the facility failed to obtain a limited mental health license before admitting three or more mental health residents to the facility.

Per record review on all 5 files (Residents #1, #2, #5, #6, & #7) contained paperwork specific to residency at Guided Management Inc. There was no indication of Administrator ' s assessment of appropriateness for residency at the current facility. The only evidence of Administrator ' s file review was in one record requested that was not available with the others. The Administrator stated on phone that file was in her desk drawer because she was working on it, per staff who called her looking for the file when AHCA Surveyor requested it. The resident record contained one item with current Administrator ' s signature: an amendment to the previous contract designating amount to be paid to prior facility. There was no indication of Administrator ' s review of eligibility of the 5 persons or assessment of appropriateness for residency at the current facility.

Per review of Resident Health Assessments (AHCA Form 1823) of the 7 residents admitted to the facility from the closed facility, the licensed health care provider(s) indicated that 3 of the 7 residents (Residents #1, #2, & #3) require administration of medication. Per 1823 dated , Resident #1 (admitted) needs medication administration. Per 1823 dated , Resident #2 (admitted needs medication administration. Per 1823 dated , Resident #3 (admitted) needs medication administration. Per staff interviews, the facility does not provide nursing services for provision of medications; all medications are provided by unlicensed staff trained to provide residents assistance with self-administration of medications. Per review of the Medication Observation Records, all 3 residents are being provided assistance with self-administration of medications by unlicensed staff.

Per review of Resident Health Assessments (AHCA Form 1823) of the 7 residents admitted to the facility from the closed facility, the licensed health care provider(s) indicated that 1 of the 7 residents requires 24-hour nursing or care. Per 1823 dated , Resident #2 (admitted requires 24-hour nursing or care. The current assisted living facility does not provide 24-hour nursing or care.

Class III

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0008-Admissions - Health Assessment 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on observation, record reviews, and interviews, the facility failed to ensure that all residents admitted to the facility have a face-to-face medical examination completed by a health care provider (and recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities) within 60 calendar days before the individual's admission or within 30 calendar days after the resident's admission to the facility.

Findings include:

AHCA Surveyors conducted a visit at the facility on ... beginning at approximately 9:00am. Per record review, 7 of 7 residents were admitted to the facility without having had a face-to-face medical examination completed by a health care provider within 60 calendar days before the individual's admission or within 30 calendar days after the resident's admission to the facility, as follows:

Resident #1 was admitted to the facility on ; the last medical examination is dated ...

Resident #2 was admitted to the facility on ; the last medical examination is dated ...

Resident #3 was admitted to the facility on the last medical examination is dated ...

Resident #4 was admitted to the facility on the last medical examination is unknown. Resident #4 ' s Health Assessment (Form 1823) is not dated.

Resident #5 was admitted to the facility on ; the last medical examination is dated ...

Resident #6 was admitted to the facility on ; the last medical examination is dated ...

Resident #7 was admitted to the facility on ; the last medical examination is dated ...

Per observation on , all 7 residents are current residents of the facility.

Per interviews with staff, residents, and a family member, all 7 residents are current residents of the facility. Surveyor review of Admission/Discharge Log and interviews with staff and residents confirmed admission dates of the 7 residents.

Class III

0009-Admissions - Admission Package 58A-5.0181(3) FAC

Based on observation, record reviews, and interviews, the facility failed to make available to potential residents any of the required admissions information, including facility's admission and continued residency criteria. The facility failed to provide the resident (or responsible party, guardian, or attorney-in-fact, as applicable) a copy of the resident's contract before or at the time of admission.

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Findings include:

AHCA Surveyors conducted a visit at the facility on , beginning at approximately 9:00am.

Per , interview with staff on duty on , 5 persons were dropped off at the facility by the facility owner ' s son and a maintenance worker from Guided Management Inc. at approximately 6:30pm on . The 5 individuals were dropped off in the early evening with bags containing personal belongings and no admissions paperwork.

Per , review of the facility Admission/Discharge Log, all 5 (Residents #1, #2, #5, #6, & #7) were admitted to the facility on . Per record review on , all 5 are mental health residents transferred from a closed facility that had a limited mental health license, owned by the same owners as the current facility. Two Residents with mental health diagnoses had been transferred from that closed facility to the current facility on . The current facility does not have a limited mental health license. As cited (Tag L240), the facility failed to obtain a limited mental health license before admitting three or more mental health residents to the facility.

Per record review on , all 5 files (Residents #1, #2, #5, #6, & #7) contained paperwork specific to residency at Guided Management Inc. None of the residents ' records contained current facility contracts, signed releases, or any of the required admissions information.

Class III

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

Based on observation and interviews, the facility failed to provide an ongoing activities program that provides diversified individual and group activities in accordance with each resident's needs, abilities, and interests.

Findings include:

AHCA Surveyors conducted a visit at the facility on , beginning at approximately 9:00am. Surveyors observed an Activities calendar for the month of 2015 posted in a glass case to the left of the entry around the corner in a hallway. Surveyor requested the current 2015 Activities calendar. Upon review, the same activities are listed on the & calendars on the same days and times, as follows:

Monday - Cards 1-3pm

Tuesday - Crafts 1-3pm

Wednesday - Board Games 1-3pm

Thursday - Movie 6-8pm

Friday - Bingo 1-3pm

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Saturday - Crafts and Puzzles 1-3pm

The activity listed from 1pm-3pm on the day of visit, Tuesday , is Crafts. Per Surveyor observation on from 1:35pm - 3:00pm, two residents were sitting at one table in the combination dining/activity . One resident was observed coloring with crayons in a children's coloring book. The other resident at the table was unoccupied; she stated that she doesn ' t like to color. A third resident was observed seated at another table in the combination dining/activity . Colored pencils and copies of pictures from a coloring book had been placed on the table. This resident was just sitting at the table unoccupied; she stated that she doesn ' t want to color. No staff was present in the combination dining/activity . Other residents were observed watching television in the living and sitting outside on a screened in patio & open area, most smoking cigarettes.

Per resident interviews conducted , 8 of 8 residents stated the facility does not provide activities. Responses included: " What activities, the last activities we have were sponsored by Carter Home Health Care and did some crafts and were a couple of weeks ago. They do not have the money to buy the craft materials. " " They do not have any activities here and I want a place where there is more to do. " " They have people come in to play music maybe once every three months, no other activities other than that. " " They do not do too much activities. I keep busy myself by coloring. "

Class III

0077-Staffing Standards - Administrators 429.176 FS; 58A-5.019(1) FAC

Based on observation, record review, and interview, the facility failed to notify the agency of a Change of Administrator within 10 days of the change.

Findings include:

AHCA Surveyors conducted a visit at the facility on beginning at approximately 9:00am. An entrance interview was conducted with a new Administrator, not the same as listed on AHCA Florida Healthfinder.gov per facility record review. When asked if the AHCA office in Tallahassee has been notified of the change in Administrator, the new Administrator stated that the change is in process. The new Administrator stated she has been the Administrator for two weeks and, when asked, confirmed that the former Administrator is no longer employed at the facility and she is the Administrator.

Per interview with the facility Manager & Resident Care staff on , the new Administrator arrived a couple weeks ago and announced that she is the new Administrator.

Per recheck of FloridaHealthFinder.gov, the former Administrator is still listed. The new Administrator has been the Administrator for more than 10 days; the agency has not been notified, as required, of the Change of Administrator within 10 days.

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Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on observation, record review, and interview, the facility failed to maintain the minimum required staff hours per week for an assisted living facility with a standard license. Given an in-house census of 19-20 residents, the facility also failed to ensure that at least one staff member is awake at all hours of the day and night.

Findings include:

Per regulations, a facility with a census of 16-25 residents must maintain a minimum of 253 direct care staffing hours per week. AHCA Surveyors conducted a visit at the facility on _ . . . beginning at approximately 9:00am and requested a list of staff and current staff schedule.

Surveyors reviewed an undated Schedule posted in the kitchen on ; the schedule indicates 213 scheduled direct care staffing hours per week. A note is starred at the bottom of the schedule, which states: " Night shift is allowed to break for two hours and sleep if they like, that will be their time off. " Per schedule review, only one staff works the night shift at a time; there is therefore not at least one staff member in the facility who is awake at all hours of the day and night.

Surveyors reviewed an undated Schedule provided by the Administrator when the current schedule was requested (fax date at top of page: . The undated schedule indicates 259.5 scheduled hours minus 55.5 hours on schedule for previous employees /no longer employed = 204 scheduled direct care staffing hours per week.

Per Surveyor review, Timesheets for . . . . document 174.25 direct care staffing hours per week.

Per Surveyor review, Timesheets for . . . document 242.25 direct care staffing hours per week.

The facility failed to maintain the minimum of 253 required direct care staff hours per week for an assisted living facility with a standard license. Per observation, record review, and interviews, the facility admitted 2 mental health residents into the facility on . . The facility has not increased direct care staff hours to ensure the safety of all facility residents.

Class III

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

Based on observation, record reviews, and interviews, the facility failed to provide regular and therapeutic meals according to a dietitian-approved menu and failed to maintain the required emergency food supply for 19 current facility residents.

Findings include:

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AHCA Surveyors conducted a visit at the facility on [redacted] beginning at approximately 9:00am. Surveyors toured the facility kitchen beginning at approximately 9:50am. Both surveyors observed a dirty, unsanitary stove with food particles in the drip pan. Three refrigerators, one clear large case refrigerator were observed containing four sodas, 1/4 of a gallon of milk, two quarts of lactaid, and various juices in unlabeled containers. Eggs and bacon were observed covered and dated. A freezer was observed containing 2 open boxes of waffles, hash browns, bread, and Tilapia. Another freezer contained only a few frozen items in the freezer: ice cream and bread. The third refrigerator contained generic [redacted] bottles and whipped cream topping. A large floor freezer contained ice and approximately one dozen assorted frozen vegetables. A metal shelving unit in the kitchen contained cereal, canned goods, grits, popcorn, oatmeal, spices, boxed potatoes, cake mixes, tuna, canned sausage, gravy, canned fruit, spaghetti, and Alfredo sauce.

Per interview with facility Administrator, no Menu was posted in the kitchen because they are making a shopping list. The Administrator stated that food shopping is normally done on Tuesdays (day of visit), when groceries are provided for the following week. Surveyors observed no emergency food supply as required.

Per review of dietitian-approved menu posted in hallway to left of facility entrance (Week 1 of a 4- week cycle), lunch for Tuesday [redacted] day of visit: [redacted] 6 oz, Chicken Salad 2oz Sandwich on 2 slices bread, spinach salad D 1 C, Fruit Cup 1/2c, Milk 8 oz, Dessert of the day. Per observation of lunch preparation on [redacted] at approximately 11:45am, staff was observed making tuna fish sandwiches on white bread with chips and hot mixed vegetables. Per observation and interview, staff was substituting two hot dogs for one resident who does not eat tuna fish. Milk, cranberry juice, iced tea, water, coffee, were available per resident preference.

Surveyor observed Resident #4 waiting for her lunch (11:55am) because she does not like tuna. Surveyor observed Resident #4 provided chips and slices of yellow American cheese.

Per interview with facility Manager on [redacted] at 1:30pm, she stated the facility is currently rotating out the emergency food supply with new food items and should be done by next week. Surveyor observed food items available: 3 boxes of saltine crackers, 3lbs Frosted Flakes, 7 boxes of graham crackers, tuna and chicken salad, instant mashed potatoes, 5 large cans of fruit, applesauce, 8 cases include 36, 7.5oz of a variety of juice and 26 gallons of water.

At 4:45pm Surveyor observed dinner being served -- Residents were eating grilled tilapia, au gratin potatoes, and fresh salad with choice of dressing, milk, juice, water, coffee. Again, the facility was not following the dietitian-approved menu. Per interview with facility Manager at approximately 4:50pm, she stated that the Owner was supposed to buy the items for the dinner menu and did not get them. The approved menu for dinner was listed as: Cheese Ravioli 1C with White Sauce,2oz, California vegetable blend 1/2 cup, whole grain garlic toast 2sl, fresh fruit 1 C or 1/2 cup fruit cup, milk 8oz, dessert of the day.

Per record review, 2 of 7 residents ' dietary orders specify the need for special diets: calorie/carb controlled/no added salt and low fat/low [redacted] There was no indication of attention to residents ' special dietary needs.

Per [redacted] observations, the facility is not following the dietitian-approved menu, not providing comparable menu substitutions, not providing therapeutic diets as ordered by health care providers, and not maintaining an

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emergency food supply as required.

Class III

0167-Resident Contracts 58A-5.025 FAC

Based on observation, interviews, and record reviews, the facility failed to provide a contract for execution by the resident or the resident's legal representative before or at the time of admission to the facility.

Findings include:

Per record reviews conducted at the facility on , seven of seven files reviewed for resident contracts had no contracts specific to current facility residency. Per staff interviews, review of Admission/Discharge Log, and observations at the facility on , the following are residents of the facility:

Resident #1 was admitted to the facility on . Resident #1 ' s file contained Guided Management contract. There was no current facility contract in Resident #1 ' s record.

Resident #2 was admitted to the facility on . Resident #2 ' s file contained Guided Management contract. There was no current facility contract in Resident #2 ' s record.

Resident #3 was admitted to the facility on . Resident #3 ' s file contained Guided Management contract. . There was no current facility contract in Resident #3 ' s record.

Resident #4 was admitted to the facility on . Resident #4 ' s file contained a amendment to Guided Management contract dated - witnessed by current facility Administrator agreement to pay $1874.00 for rent to Guided Management. There was no current facility contract in Resident #4 ' s record.

Resident #5 was admitted to the facility on . Resident #5 ' s file contained Guided Management contract. There was no current facility contract in Resident #5 ' s record.

Resident #6 was admitted to the facility on . Resident #6 ' s file contained Guided Management contract. There was no current facility contract in Resident #6 ' s record.

Resident #7 was admitted to the facility on . Resident #7 ' s file contained Guided Management contract. There was no current facility contract in Resident #7 ' s record.

Class III

L240-LMH - Licensing 58A-5.029(1) FAC

Based on observation, record reviews, and interviews, the facility failed to obtain a limited mental health license before admitting three or more mental health residents to the facility.

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Findings include:

AHCA Surveyors conducted a visit at the facility on beginning at approximately 9:00am.

Per record review and staff interviews conducted on , two mental health residents (#3 & #4) were admitted to the facility from Guided Management Inc. (5341 Palmetto Rd., New Port Richey, FL 34652) on include , major and . On five additional mental health residents (#1, #2, #5, #6, & #7) were admitted from Guided Management to the current facility--diagnoses include, but are not limited to, affective with auditory hallucinations, and . Guided Management is a closed facility owned by the same owners as the current facility. Guided Management had a limited mental health license; current facility does not have a limited mental health license.

Per observation, all 7 mental health residents are currently residing at the facility; one (#1) had been hospitalized and is currently in rehab, but is still listed as a resident of the facility. Resident #1 's personal possessions were observed in her the facility. Two residents were observed in front of the residence when Surveyors arrived at the facility, later identified by staff as being 2 of the 5 mental health residents dropped off at the facility early in the evening on .

Per interview with staff on duty on , five persons were dropped off at the facility by the owner ' s son and a maintenance worker from Guided Management Inc. at approximately 6:30pm. Only one staff person was working at the facility at that time; staff stated he thought the arrivals were from the Department of Corrections; he had not been informed that any new residents would be arriving.

Per review of the facility Admission/Discharge Log, all five mental health (Residents #1, #2, #5, #6, & #7) were admitted to the facility on ; two mental health residents (#3 & #4) were admitted to the facility on . As of , the facility census of 19 in-house residents includes seven mental health residents; the facility does not have a limited mental health license.

Class III

Z809-Proof of Financial Ability to Operate 59A-35.062(3)(e)&(7),408.803(7),408.810

Based on observation and interviews, the facility failed to ensure the facility's financial viability to operate. The facility failed to provide AHCA Surveyors with access to books, records, and any other financial documents maintained by the facility to the extent necessary to determine the facility's financial stability.

Findings include:

AHCA Surveyors conducted a visit at the facility on beginning at approximately 9:00am. Complaints to the Agency include allegations that the facility is not paying utility bills, liability insurance, or Workman ' s Compensation. AHCA Surveyors attempted to review facility records; the facility failed to provide access as required.

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Surveyors observed scarcity of food on the day of visit and facility failure to maintain the required emergency food supply (Refer to Tag 0093 - Dietary Standards cited). Surveyors observed a woman delivering milk and food on 2 occasions during the day of visit, parked in front of the facility, with staff carrying in groceries. Facility staff later identified the Owner as the person who dropped off food-The facility Owner did not enter the facility, identify herself, or make contact with the 2 AHCA Surveyors onsite at the time.

Surveyor telephoned the facility Owner on @11:30am; there was no response. Surveyor telephoned the facility Administrator @ @11:35am; the Administrator stated she does not have any facility financial information, but can contact the owner. Surveyor provided the Administrator a list of items needed from the owner: proof of payment of liability insurance, Workman ' s Comp, gas bill, electric bill, and emergency management plan approval page. The Administrator stated she " will get with the owner and have them emailed asap. " Surveyor told the Administrator that proofs of payment need to be emailed or faxed today Surveyor had the Administrator read her list of requested items to ensure accuracy and confirmed correct email address. As of , there has been no response from the facility owner.

Surveyor telephoned the facility Owner on @ 2:50pm; there was no answer and no response. Surveyor telephoned the facility on @2:55pm--phone answered with message: " Call not going through. Please try again later. "

Per resident & staff interviews conducted at the facility on it is questionable that the facility has adequate resources to meet resident needs. Residents interviewed specifically stated that the facility does not have enough money to provide needed supplies for activities and does not provide enough staff to meet residents' needs. Staff stated there are not enough staff to care for the residents and indicated that paychecks have not been available on Friday paydays (every 2 weeks) three times; checks have been delayed until the following Monday afternoon.

The Owner was not responsive to agency requests for proof of financial payments/ viability to operate.

Unclassed

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR# 2015000998

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2015, 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,

Paul Brown

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com