STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968159	04/24/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A SAFE HAVEN ASSISTED LIVING	9000 86TH AVE N LARGO, FL 33777	

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

0000 - Initial Comments

A complaint survey was conducted on

CCR#2015000800 and 2015000923

The facility had deficiencies at the time of the visit related to both complaints

A REVISIT survey was conducted in conjunction with the complaint survey. Deficiencies were not corrected from the complaint survey (GV4S11)

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

Based on interviews and observations, the facility failed to designate, in writing, staff to be responsible and to have access to all records in the Administrator's temporary absence.

Interviews with Staff A and Staff B were conducted on at approximately 9:00 A.M. and throughout the day of the survey. Both Staff A and Staff B state that the Administrator is not actively involved in the facility operation from Thursday through Sunday. They state that she works at "their other facility". Staff A stated that she supposed she was "in charge" but does not think that this is in writing. She is not sure who is in charge on Sunday when neither she nor the Administrator is working.
She stated that staff does the best they can and it's a good thing the census is low.

A review of the staffing schedule effective , the Administrator is listed on the schedule to work from 7am to 4pm Monday through Wednesday. This keeps her away from the facility for more than 48 hours. The survey was conducted on a Friday and the Administrator did not make herself available to the surveyors for the purpose of conducting a revisit survey and complaint surveys.

Staff A called the Administrator at 9:23 A.M and 9:44 A.M. and left a message that " AHCA wants to speak with you right away " . The Administrator texted back to the staff at 11:56 A.M. " if AHCA wants proof of liability insurance and change of administrator forms they are in top drawer of desk " At no time did the Administrator speak to the staff directly in order to assist them with the revisit and investigation, nor did she ask to speak to the surveyors.

During the course of the revisit and complaint surveys, 1 staff was attempting to assist the surveyors with their questions leaving 1 staff in charge of the 12 residents on site. Staff A attempted to find closed resident records and facility records in order for the surveyors to conduct the visits. She did not have access to financial records or the closed record for Resident #11.

Staff A informed the surveyors at 2:50 P.M. that she would need to leave to pick a resident up from rehab. She stated that the Administrator was supposed to have picked him up at 11:00 A.M. and the facility called to ask where someone was and that the resident was ready to leave. Staff A called the Administrator and the owner at

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

0079 Continued From page 1

approximately 2:45 to advise them that she would pick the resident up since no one else was. The owner called Staff A at approximately 3:15 to say that she would call the Administrator and to remain at the facility.

Interview with Staff C revealed that "management is never here and they don't seem to care".

The facility has uncorrected deficiencies and new deficiencies based on the visit conducted on . Staff A was advised that an exit conference would be held and that she may want to inform the Administrator. She stated that she had left several messages during the day with the Administrator and they she had not returned her calls so felt that she may not be available. The exit conference was held with Staff A.

CLASS III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on interview, observation and facility record reviews, the facility failed to make records readily available to the surveyors and did not maintain an up-to-date admission and discharge log..

Findings include:

Upon entrance to the facility at 9:00 A.M. on the surveyors requested a copy of the admission and discharge log. Staff A provided the log and stated that the current census in the facility is 12 residents with an additional 3 residents in rehab. A review of the log revealed a current census of 19 residents, based on no recording of discharges of residents as they occurred. 5 residents are listed on the log as still remaining in the facility, yet according to Staff A, they had been discharged. 3 residents were listed as discharged either due to or to another facility. There was no dates of their discharges.

CLASS III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on an interview, observations and facility record reviews, the facility failed to investigate or provide a full report of an incident that they filed a 1 day adverse incident on within 15 days.

Findings include:

The facility filed a 1 day adverse incident on for an incident that occurred on The report stated that " during the last few months resident ' s health had drastically deteriorated. Doctor had ordered Hospice to be at facility. Resident ". Staff A was asked to provide evidence of the 15 day report and any other adverse incident reports and she was unable to locate this information. In addition, she could not locate the closed resident record in order for the surveyor to review it.

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

0165 Continued From page 2

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

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

RE: CCR #2015000800 & 2015000923

Dear Administrator:

This letter reports the findings of a state licensure 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 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 **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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