STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968159	R
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 revisit survey was conducted on in conjunction with a complaint survey (JMCS11) There are deficiencies on the NEW complaint survey.

There were UNCORRECTED deficiencies on the revisit survey; A0008, A0093, AL240, Z809.

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

Based on interviews, observations and record reviews, the facility failed to ensure that all residents were appropriate to the facility and did not require medication administration or that their needs can be met in an assisted living facility for 3 of 7 records reviewed (Residents 2, 4 and 9).

A review of resident records for purposes of the revisit from revealed that 6 of the 7 residents who were admitted to the facility from their Guided Management facility had been examined by a health care provider either on or The Health Assessments were incomplete for the following information:

Resident #2's record was reviewed and revealed a Health Assessment Form 1823 dated The resident diagnosis listed was with special needs listed as "medications and support". Section 2A Page 3 of the 1823 contained a written statement under self care tasks of "medication administration". Section 2 B asks: Does the individual need help with taking his or her medications (meds)? Yes No If yes, please place a checkmark (f?) in front of the appropriate box below: Needs Assistance with Self-Administration of Medications or Needs Medication Administration. Both sections were marked yes. Staff A was interviewed and stated that the facility does not administer medications and that she believes he gets a shot once a month for his needs.

Resident #4's record was reviewed and revealed a Health Assessment Form 1823 dated Under or Behavioral status it lists and Under Section 1D the form asks: "In your professional opinion, can this individual's needs be met in an assisted living facility, which is not a medical, nursing or facility?" This question was not marked with either yes or no. The resident was interviewed on at approximately 11:00 A.M. and stated that he received injections every 2 weeks from a visiting nurse and that he sees a psychiatrist 4 times a year. He also stated that he was one of the residents who came from the other facility they had that was closed down.

Resident #9's record was reviewed and revealed diagnoses of , DMII and with or behavioral status of and and special precautions of unsteady gait precautions. Under Section 1D the form asks: "In your professional opinion, can this individual's needs be met in an assisted living facility, which is not a medical, nursing or facility?" This question was not marked with either yes or no.

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

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

0093 Continued From page 1

Based on observation, interview and record review, the facility failed to post a weekly menu, provide therapeutic meals for a resident as ordered by the health care provider, and maintain a required meal substitution log.
Findings include:
A revisit survey was conducted on . At approximately 9:30 a.m., no weekly menus were posted in the facility. The facility ' s undated 4 week menu cycle was posted in the kitchen and in a glass enclosed showcase to the hallway adjacent to the administrator ' s office. At approximately 4:00 p.m., Staff A and Staff B were observed holding a dry erase board outside of the kitchen area leading to the dining . Staff A was hammering nails in to the wall and stated that they were going to use the board to inform the residents of the daily menu.
The lunch meal was observed at approximately 12:00 p.m. While in the kitchen with Staff A, who prepared the meal, the surveyor asked if there was anyone on a therapeutic diet. Staff A stated that Resident #1 was on a low diet. Staff A retrieved a chart that was pinned to a board. Staff A stated that she gave the resident white bread today (instead of whole wheat) and a smaller portion of mashed potatoes.
Resident #1 was interviewed at approximately 3:50 p.m. The resident (who receives treatment) stated that she was served mashed potatoes and soup with beans today which is contrary to her diet. She stated that the staff serves her mashed potatoes and tomatoes all the time but she doesn ' t eat them because she knows that they are excluded from her diet.
A review of Resident #1 AHCA Form 1823-Florida Health Assessment (dated indicates a diet as ordered by the health care provider. A review of the facility ' s registered dietician approved menu, dated , does not include a diet as part of its therapeutic menu.
At approximately 12:30 p.m., Staff A stated that she was not aware of a meal substitution log. She stated that she substituted soups today to avoid waste. The day ' s menu also called for succotash but Staff A stated that she did not know what that was and none was prepared. Staff B was interviewed at approximately 1:00 p.m. and stated that she was not aware of a meal substitution log. There was no meal substitution log produced for the surveyors as of exiting the facility.
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.
A revisit survey to the complaint survey was conducted on . The surveyors were revisiting the facility's failure to obtain a Limited Mental Health license based on the admission of 7 residents who appeared to meet the definition for a limited mental health resident. 6 of the 7 residents remain in the facility and the facility has not applied for a Limited Mental Health specialty license.
A review of the 6 resident records of those residents previously identified as mental health residents revealed new Health Assessments that contained mental , and/or information in the record that indicates that they receive case management from a Behavioral Health agency, including:
Resident #2 ,
Resident #4 , case management from Baycare Behavioral Health

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A SAFE HAVEN ASSISTED LIVING	**9000 86TH AVE N LARGO, FL 33777**	

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

L240 Continued From page 2

Resident #5
Resident #7 case management from Baycare Behavioral Health
Resident #8
Resident #9 case management from Baycare Behavioral Health
Staff A was asked to provide the income source for the 6 residents identified and she was unable to do so. The Administrator emailed the surveyor on indicating that she believes that the facility only has 2 limited mental health residents. She was asked to supply information related to their source of income and whether or not they receive funds. She did not respond to the surveyors request, therefore, based on the information that was reviewed, it appears that the facility has accepted more than 2 residents who meet the definition of a limited mental health resident and this requires a specialty license which the facility does not have.
Staff A stated during an interview on at approximately 10:00 A.M. that there is "a psych person who comes to see those residents that came from Guided Management". She named the 6 residents. She also stated that she worked at Guided Management and understood that they had a Limited Mental Health license there for those 6 residents.

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 stability. 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 in order to correct the deficiency.
Interview with Staff A on at approximately 1:30 P.M. revealed that she does not have access to financial records or other documents that the surveyors may need to determine financial stability. She did state that she received a telephone call from the Fire Sprinkler Company on and about a bill that is due from approximately 1 year ago. She left the information for the Administrator who has not been in the facility to get it.
CLASS III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11968159	A. Building B. Wing	4/24/2015

Name of Facility	Street Address, City, State, Zip Code
A SAFE HAVEN ASSISTED LIVING	9000 86TH AVE N LARGO, FL 33777

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0007 Reg. # 429.26(11) FS; 58A-5.0181(LSC		ID Prefix A0009 Reg. # 58A-5.0181(3) FAC LSC		ID Prefix A0026 Reg. # 58A-5.0182(2) FAC LSC	
ID Prefix A0077 Reg. # 429.176 FS; 58A-5.019(1) F LSC		ID Prefix A0079 Reg. # 58A-5.019(3) FAC LSC		ID Prefix A0167 Reg. # 58A-5.025 FAC LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date: 5/12/15	Signature of Surveyor:	Date:	
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:	

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2015.**

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. Should you have any questions please call this office at (727) 552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

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

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