STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968028	05/12/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Relicensure survey was conducted on at K's Haven Inc. The facility had deficiencies found at the time of the visit.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

Based on observation and interview, the facility failed to follow the proper procedures for providing assistance with self -administration of medication, for 1 out of 1 residents (Resident #1) observed during medication pass.

The findings include:

During observations of the medication pass on at 2 PM with Staff A (unlicensed staff member), it was noted that Resident # 1 received the following medication: 3 mg (confirmed by Staff A). During further observations it was noted that Staff A did not sanitize her hands, Staff A was also observed putting Resident # 1's medication in a cup that was previously used by Resident # 1 during morning medications, that was found unsanitized and stacked upon other residents used medication cups. Staff A gave the medication along with a cup of water to Resident # 1. Staff A did not state the name of the medication to Resident # 1. Staff A observed Resident # 1 take his medication, left Resident # 1's medication pack unsupervised on the kitchen counter and walked away from the kitchen into the living obtain the Medication Observation Record (MOR) and signed it.

During an interview on at 2:05 PM, Staff A was informed of the process for assisting residents with self-administration of medications. Staff A acknowledged all errors that occurred during medication pass.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on interview and record review, the facility failed to maintain accurate Medication Observation Records (MORs) for 5 out 5 sampled residents. As evidenced by the facility failure to sign the MORs immediately after assisting a resident with his/her medications.
The findings include:
A record review of the facility's MORs for the month of 2015 on at 9:30 AM revealed all residents (Resident #1-#5) in the facility were prescribed medications to be given at 8 AM. Further record review of the MORs at 9:30 AM, found no documentation or signature from the staff member indicating that the residents had received assistance with their 8 AM medications, as physician ordered.
During an interview with Staff A on at 9:35 AM, she stated she is responsible for assisting all residents in the facility with self administration of medications while working in the facility. Staff A stated, she assisted the residents with medications on at 8 AM. On at 9:45 AM, interviews conducted with all residents in the facility revealed they had received their medications at 8 AM on noted date.

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SUMMARY STATEMENT OF DEFICIENCIES
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0054 Continued From page 1

During a further interview with Staff A on at 9:54 AM, she stated she usually does not sign the MORs immediately after assisting each resident with their medications. Staff A stated, she signs the MORs during the evening hours for all 8 AM medications that was given to the residents. During the interview with Staff A, she was asked why she did not sign the MORs at the time assistance was provided to each resident. Staff A stated she did not see an error as long as the MORs were documented within the same day.
During an interview with the Administrator on at 11 AM, she acknowledged the findings and stated no further information was available for review.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, it was determined the facility failed to ensure that all staff members had completed the required in-service trainings within 30 days of hire, for 1 out of 2 sampled staff records reviewed (Staff B).

The findings include:

Record review of Staff B's personnel record revealed her date of hire was Further review revealed Staff B's file lacked documentation indicating the employee had completed the following in-service training in Resident Rights.

During an interview with the Administrator on at approximately 11:10 Am, she acknowledged the findings. She stated no further documentation was available for review.

Class

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the assisted living facility failed to ensure 1 out of 2 (Resident #1) sampled residents' record reviewed have a completed consent form for unlicensed staff to provide assistance with self-administration of medications.

The Findings Include:

Review of Resident #1's record revealed she was admitted to the facility on . Resident # 1's current Agency for Health Care Administration 1823 assessment (AHCA form 1823) dated for indicates Resident # 1 requires assistance with self adminsitration of medications. Further record review revealed the record lacked an informed consent for unlicensed staff to assist with medications. Review of Resident #1's file revealed the facility's staff provide medication assistance daily to the resident .

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

0162 Continued From page 2

During an interview with Staff A on at approximately 12 PM, she stated she was unable to locate the completed consent form. She stated Resident #1 receives assistance with medication from unlicensed staff.

In an interview with the Administrator and Staff A on at approximately 12:30 PM, they acknowledged the findings and stated no further documentation was available for review.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

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

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on 2015 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 repersentative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Davis
Field Office Manager

AMD
Enclosure

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