STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965951	08/06/2015
NAME OF PROVIDER OR SUPPLIER HAVENCREST ALF III	STREET ADDRESS, CITY, STATE, ZIP CODE 4471 COCONUT CREEK BLVD COCONUT CREEK, FL 33066	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR#2015007131, was conducted on at Havencrest ALF III. The facility had deficiencies found at the time of the visit.

0010 Admissions - Continued Residency

Based on observation, interview and record review,the facility failed to ensure a Resident Health Assessment 1823 form was completed upon significant change and reflective of the resident's current health status and care needs, for 3 of 5 sampled residents (Resident # 3,#4 and #5) identified as receiving hospice services.
The findings included:
Review of Resident #3's medical record indicated she was admitted to the facility on with medical diagnosis of with . Further record review indicated on , Resident #3 was admitted to hospice services for , and cardiomyopathies. Review of Resident #3's current 1823 Resident Health Assessment form dated indicated the resident was independent for ambulation but required assistance for activities of daily living (ADL) care. The form did not indicate the resident's decline in condition or significant change requiring hospice services.
Review of Resident #4's medical record indicated she was admitted to the facility on with medical diagnosis of , , and . Further record review indicated on resident #4 was admitted to hospice services for and . Review of Resident #4's current 1823 Resident Health Assessment form dated indicated the resident required assistance with all activities of daily living (ADL) care. The form did not indicate the residents decline in condition or significant change requiring hospice services.
Review of Resident #5's medical record indicated she was admitted to the facility on with medical diagnosis of , , and . Further record review indicated on resident #5 was admitted to hospice services for , , functional decline, increased , and unintended weight loss. Review of Resident #5's current 1823 Resident Health Assessment form dated indicated the resident required assistance with all activities of daily living (ADL) care. The form did not indicate the residents decline in condition or significant change requiring hospice services.
In an interview with the Owner on at 11:30 PM she stated that Residents #3, #4 and #5 were currently receiving hospice services. She was informed of the inaccuracy of the health assessment forms for the residents.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0030 Resident Care - Rights & Facility Procedures

Based on observation and interview the facility failed to comply with the Resident's Bill of Rights including ensuring the residents live in a safe, clean and decent environment and their individuality and personal dignity considered. This was evidenced by the facility failure to prevent crawling insects on 1 of 5 sampled residents, (resident #5) who was receiving hospice services and had limited mobility due to .

The findings included:

In an observation on at 5:20 AM, Resident #5 was observed lying on her side in her hospital bed. The resident was observed to have to her upper extremities including both her hands. Upon questioning from the surveyor, the resident slightly moved her head to acknowledge and numerous crawling insects were observed on her face, neck and hands. The surveyor utilized a flash light to further observe the resident since the minimal lighting from an overhead fan. The resident gave no indication that she was aware of the insects.

In an interview with the facility care giver on at 5:20 AM she observed the crawling insects along with the surveyor. The caregiver stated that Resident #5 had limited mobility and required total activities of daily living (ADL) care including turning and positioning thruout the night and incontinence care. The care giver stated that she had not seen the ants prior to the observation. The care giver attempted to turn on additional lighting within the was unsuccessful ,there were no light bulbs in the table lights.

In an interview with resident #5's hospice care giver on at 5:25 AM she observed the insects. The care giver proceeded to clean the resident and examine the residents skin for bites. The care giver stated that she had not seen any insects in the resident's bed prior to that day. The care giver stated that the resident required total ADL care and had very limited mobility in both of her hands due to . She stated that she would be reporting the observation to the hospice nurse.

In an additional observation of resident #5's at 8:20 AM dust, food particles and debris was observed on the floor and along the baseboards inside the .

In an interview with the facility Owner on at 8:30AM she stated that she was not aware of any insect infestation in the facility. She stated that regular pest control extermination occurred every other month for the facility. She stated that she would have the resident's entire and her

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SUMMARY STATEMENT OF DEFICIENCIES
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bedding removed to allow for examination. In a further interview on 8/6/2015 at 9:00AM, the Owner stated that she had contacted the pest control service for same day response to the insects.

Record review of the facility pest control invoices provided on indicated that the last pest control preventative maintenance service for perimeter in /out was conducted on /, with recommended service on . Further review of an invoice dated on indicated that the pest control company recommended outside clean out for ants and "without monthly service- no call backs or guarantee". In an interview with the pest control manager on at 9:30AM, he stated that the company had provided pest control services in 2014, 2015 and 2015. He stated that he had previously recommended to the property owner, the monthly pest service and outside ant clean out.

Class III

0079 Staffing Standards - Levels

Based on observation, interview and record review the facility failed to maintain a written accurate work schedule reflecting a 24 hour staffing pattern.

The findings include:

In an observation on at 5:00AM, Employee A, Employee B and Employee C were present and providing care to residents upon entrance to the facility.

Review of the facility staffing schedule for 2 thru 8, 2015 indicated that the schedule did not reflect accurate staffing for the facility. Review of the schedule indicated that the owner was scheduled to work alone at the facility on from 7 PM to 7 AM on . Further review indicated on 7 AM to 7 PM, Employee A and B were scheduled to work. Employee C 's name was not listed on the weekly staffing schedule.

In an interview with Employee B on at 5:15 AM she stated that she was covering the night shift for the owner. She stated that she was scheduled to work on from 7 AM until 7 PM.

In an interview with the Owner on at 9:00AM she stated that Employee B had covered her assigned shift on from 7 PM until 7 AM on . She stated that she had failed to indicate

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the schedule change with Employee B and had not included Employee C on the staffing schedule, since she was a new employee. She stated that Employee C was providing resident care. She stated that Employee A would frequently stay overnight at the facility but she was not assigned resident care during those hours.

Class III

0160 Records - Facilitv

Based on interview and record review, the facility failed to maintain a required accurate and up to date admission and discharge log with names of all residents.

The findings included:

Review of the facility admission and discharge log on indicated the log did not reflect an accurate up to date representation of all admissions/ discharges to the facility. The log only indicated those residents currently residing at the facility.

In an interview with the Owner on at 11:00 AM she stated that she had thinned the log and did not have easy access to the old log. She acknowledged that the facility had been open since 2002 and the current log did not identify all residents that had been admitted / discharged from the facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Havencrest Alf III
4471 Coconut Creek Blvd
Coconut Creek, FL 33066

RE: CCR #2015007131

Dear Administrator:

This letter reports the findings of a state licensure 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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