STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965179	**09/11/2015**
NAME OF PROVIDER OR SUPPLIER **SAFE HARBOUR ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1320 SW 26TH STREET** **FORT LAUDERDALE, FL 33315**	

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

0000 Initial Comments

A complaint inspection (CCR#2014001549) was conducted on [redacted] 26, 2015 and [redacted] 11, 2015. Safe Harbor Assisted Living Facility had deficiencies at time of the survey.

0010 Admissions - Continued Residency

Based on record review and interview, it was determined the facility failed to ensure that two of ten (7 and 9) sampled Residents had an accurate and complete health assessment upon significant change in medical condition and every three years.

Findings included:

Observation and record review on [redacted] revealed Resident #7 was admitted on [redacted] resided in [redacted] # and Resident #9 was admitted on [redacted] resided in [redacted] #[redacted].

Record review on [redacted] revealed Resident # 7's AHCA Form 1823 dated on [redacted] and Resident #9's AHCA Form 1823 dated on [redacted], both assessments noted to have been completed more than 3 years ago. Further record review failed to reveal a current health assessment for either resident, as required.

During an interview on [redacted] around 11:00 am, the Administrator and Owner both acknowledged aforementioned and that a new AHCA Form 1823 was needed.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview, it was determined the facility failed to ensure residents' reside in an environment free from [redacted] and be treated with dignity and respect, for 3 out 10 sampled Residents ; and to provide appropriate training related to [redacted].

Findings included:

Record review of the personnel files for Staff A-E on [redacted] revealed the staff had a one hour training titled "freedom from abused". Further review of Staff A-E's file revealed the staff had not completed in-service for Recognizing /Reporting [redacted], Neglect and [redacted] training.
Confidential Interview with Residents on [redacted] between 9:15 am -3:30 pm revealed the following

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information:

Confidential interview with Resident revealed, " I am happy in the facility, it is a quiet and safe place; however, I would like that staff to change their attitude. " Resident stated, " I think that they are under paid staff and they loss their patience easy and their frustration comes out. "
Confidential interview with Resident revealed, " I am happy in here, and I have my ; however, the only thing that bothers me is the way staff treat me, they are pushing and rough, they are never in a good mood."
Confidential interview with Resident revealed, " Everything is okay; however, I would like to have a change in the way staff talk to me . Then, it will be okay."
Confidential interview with Resident revealed, " The facility is okay, the only problem here is staff; they are overworked and under paid; so they are not happy. "
Class III

0120 Fiscal - Financial Stabilitv

Based on record review and interview, the facility failed to have income and expense records available to show evidence of financial stability.

Findings included:

A request was made to the Administrator to review the facility's income and expense records. Record review found the facility did not have the income and expense records for the previous three or six months available for review.

During an interview on around 10:30 am, the Owner stated that there was no information of the facility financial stability at time of survey. Per Administrator, he will fax the information because he needs to see the accountant. The documents were not provided as of the date of the survey.

Class III

0125 Fiscal - Suretv Bonds

Based on record review and interview, it was determined the facility failed to honor the rights of a POA, including handling all of the resident's financial affairs, for 1 out of 10 residents' financial records reviewed (Resident #8).

Findings included:

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Record review on 8/26/15 revealed Resident #8 ' s contract states that her monthly payment was $2000.00 dated on , and it was signed per Resident #8. However, the resident's POA became effective . The facility did not have a new residency agreement reflecting the new responsible party for Resident #8. Record review on revealed a prescription dated on per Resident #8 ' s primary Physician , which states, " She is , to make informed decisions"
Record review on revealed Resident #8 ' s payment receipt that stated, " Billing period / on account named on Resident #8 dated on ($2000.00 and bound previous $33000.00 = total amount of $35,000.00 and amount due for $34,000.00)

Record review on revealed the following information:
Policy and procedure of the facility: Facility admission package (Residents contract) has all the information regarding terms /conditions and acknowledgement of the facility contract. Facility's contract on page one states, " Terms and Conditions / The resident and/or other responsible party signing this agreement ,if any agree to abide by all of the terms and conditions set forth in the agreement. " Acknowledgement / The resident or other responsible party signing this agreement, if any hereby acknowledge (s) the following: A) That each has been given an opportunity to ask any and all questions about this agreement, including the exhibits, and has been given an explanation to any and all questions asked. B) That each has received a duplicate original of this agreement and any attachments and exhibits thereto.
Record review on revealed facility did not have the last 3 or 6 months of the financial records available for review. Surveyor requested the records to further evaluate the rental payments and history for Resident #8.

Record review on revealed the following information regarding Resident #8 ' s Florida General Durable/Medical Power of Attorney on behalf of her current POA:
a) POA dated on / . The document had nine pages; at the beginning of the first page states, " This Power Of Attorney is effective immediately and will continue to be effective even if I become , , , or , ."
b) On the third page of the Power Of Attorney , there is paragraph (E) concerning Banking and other financial institution transactions, which states, " To make , receive, sign, endorse, execute , acknowledge , deliver and possess checks , drafts, bills of exchange, letters of credit, notes, stock certificates, withdrawal receipts and deposit instruments relating to accounts or deposits in , or certificates, withdrawal receipts and deposit instruments relating to accounts or deposits in, or certificates of deposit of banks, savings and loans, credit unions, or other institutions or associations. To pay all sums of money, at any time or times, that may hereafter be owing by me upon any account , bill of exchange, check, draft, purchase, contract , note, or trade acceptance made, executed, endorsed, accepted, and delivered by me or for me in my Agent may deem proper and execute promissory notes, security deeds

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or agreements, financing statements, or other security instruments in such form as the lender may request and renew said notes and security instruments from time to time in whole or in part. To have free access at any time or times to any safe deposit box or vault to which I might have access."
c) POA also notes special instructions which states, " My agent , current POA shall also have the right to make any and all health care decisions for me, for the purposes of this document. " Health Care Decision" means consent, refusal of consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain diagnose, or treat an individual's physical or mental condition. This medical and or durable power of attorney takes effect if I become unable to make my own health care decisions. "

During an interview on around 10:30 am, the Owner stated that there was no information of the facility financial stability at time of survey. Per Administrator, he will fax the information because he needs to see the accountant. The facility failed to provide any additional information as previous stated by the Owner.

An interview on between 10:00 am to 3:00 pm with the Administrator and Owner revealed the facility became aware of the POA for Resident #8 as of . Further interview with the Owner on revealed, " I take Resident #8 to the bank monthly to pay her rent as we have been doing since she moved to this facility. If I do not go with her she will not be able to pay me; however, Resident #8's monthly payment is $2000.00 at month since she moves here.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Safe Harbour Assisted Living Facility
1320 SW 26th Street
Fort Lauderdale, FL 33315

RE: CCR #2015005732

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 and , 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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/dlt
Enclosure

XG90

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