STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968577	**10/02/2015**
NAME OF PROVIDER OR SUPPLIER **HAVENCREST ON THE LAKE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1290 NW 8TH STREET BOCA RATON, FL 33486**	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted on-site on 9/17/15 (off-site survey days 9/18/15-10/2/15) at Havencrest on the Lake. The facility had a deficiency found at the time of the visit.

0077 Staffing Standards - Administrators

Based on observation, interview, and record review, the facility failed to ensure that an active Administrator was appointed who is responsible for the operation and maintenance of the facility, including the management of all staff and the provision of appropriate care to all residents.

The findings include:

According to this facility's licensure documentation and information documented on the agency's website, the Administrator of record for this facility is Employee D.

On at 8:15 AM, this surveyor arrived at the facility for licensure inspection; the Administrator of the facility was not present. The Administrator was requested, however, staff contacted the Owner (Employee F). The Owner of the facility was contacted by staff, she arrived at the facility at 9:42 AM. The Owner stated she was the "relief person" and the Administrator could not be present. The Owner also stated she was the assigned "Food Designee".

A review of the Integrated Plans of Care for 4 Hospice Residents show each Plan of Care is signed by the Owner. During interview with the Hospice nurse for Resident #5, on / at 10:54 AM, she states, ""If I have any issues I usually deal with [the Owner]. [Employee A] is there everyday, but if I need to speak with someone in charge, I talk with [the Owner]."

On at 2:55 PM, Resident #6 stated during Resident Interview, "I don't know that name [Administrator 's name]. I have never met anyone here named [Administrator 's Name]"
On / at 10:13 AM, by telephone, Employee B states, "The Administrator has not come in yet, but she usually comes every day." When asked for a contact number to reach the Administrator , Employee B stated, "I don't have her cell number. I reach her through [the Owner]." This same Employee had stated during employee interview that if there was an emergency or a resident needed health care services, she would call the Administrator , yet she has no way to reach the Administrator on record, only the Owner. I left a message with Employee B to have the Administrator contact me when she returned to the facility.

On / at 2:45 PM, since no call had been received from the Administrator, a follow-up call was

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made to the facility asking to speak with the Administrator . Employee B stated the Administrator had been there and left, but she did have a telephone number that I could use to reach her.

On / at 3:00 PM, a call was placed to the telephone number given by Employee B. The telephone number is listed to a facility located in Coral Springs which is owned by the same owner (Employee F) of this facility. A female person answers the phone and claims to be the Administrator of Havencrest on the Lake. She states she just got out of the dentist where she had a root canal, and couldn't talk properly because she had cotton in her mouth. The person claiming to be the Administrator stated she is at the facility 5 times a week "mostly full days, and sometimes to fill in for someone." She stated her designated duties include doing "everything... cooking, cleaning, taking care of residents." She stated, "[The Owner] does everything, and all the staff does everything. We train everyone to do everything ... Everyone deals with Hospice nurses. Everybody has to know the job."
On / at 1:58 PM, a call was made to the facility. Employee A stated, " [Administrator] just left. I am not sure when she will return." No contact number is provided by Employee A to reach the Administrator upon request, message left for the Administrator.
On at 2:06 PM , an interview was conducted with the son of Resident #3. He stated, "[Employee A] keeps me informed on the day to day stuff, and [Owner] talks to me about any big decisions. I have never spoken to anyone named [Administrator 's Name]. I know of no such person. I have never spoken to [Administrator], only [Employee A] and [Owner]. I thought [Owner] was the Owner and the Administrator . I think [Administrator] must be a ghost. I haven't even heard anyone mention the name [Administrator 's Name]. My mom has been there 2 years and all the times I was coming every day, I never saw or met a [Administrator 's Name]".
During interview on at 11:02 AM, the wife of Resident #2, who has been a resident since of 2014, stated, "I have never spoken to a [name of the Administrator], who is that?" When informed that this person was the Administrator , the wife stated, "I thought [Owner's name] was Administrator ; what happened to [Owner]?" The wife was informed of the Owner's name and the Administrator 's name. She replied, " No, I don't know who [Administrator] is. I have never spoken with her."
On at 10:43 AM, an interview was conducted with the daughter of Resident #4. She stated, "My mother has been at this facility for about 2 years....The Owner and[Employee A], mother's caretaker, are the ones I communicate with. I don't know anyone by the name of [Administrator 's name]; maybe if I saw her face, but I have never spoken with [her]."
On at 11:07 AM, a call was made to the facility. Employee B stated, "[Administrator] just left. I am not sure when she'll be back."

During the on-site survey on / and off-site survey days (from / till the current date of /) , all documentation requested has been provided by the Owner, not the Administrator . The Administrator has not returned any phone calls upon numerous request made with facility staff. All

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contact, via telephone after initial date of survey has been with the Owner. Although, Employee D is the Administrator on record; aforementioned has confirmed that the she is not active in her role as the Administrator and does not participate in the daily operation and maintenance of the facility, including the management of all staff and the provision of appropriate care to all residents. However, observation, interview and record review confirms that Employee F is the actual acting Administrator for the facility and responsible for the daily operation and maintenance of the facility, including the management of all staff and the provision of appropriate care to all residents not Employee D. Further record review of Employee F's file revealed she does not have proof indicating she has met the Core Competency requirements, including passing the competency exam.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Havencrest On The Lake
1290 NW 8th Street
Boca Raton, FL 33486

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on , 2015 (off-site survey days -) 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 16, 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 represenative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure
XG90

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