| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966621** | **02/04/2016** |
| NAME OF PROVIDER OR SUPPLIER **NINA'S HAVEN** | STREET ADDRESS, CITY, STATE, ZIP CODE **10620 SUNSET STRIP SUNRISE, FL 33322** | |

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

**0000 Initial Comments**

An abbreviated biennial relicensure survey was conducted at on 9, 2016 at Nina's Haven. Nina's Haven Assisted Living Facility Inc. had deficiencies found at time of the survey.

**0077 Staffing Standards - Administrators**

Based on record review and interview, the provider failed to provide documentation showing the administrator has at a minimum a high school diploma or G.E.D.

Findings included:

On , 2016 record review of the administrator's file revealed no documentation showing at a minimum a high school diploma or a G.E.D.

On , 2016 at 3:09 PM, the Administrator stated, " No one told me I had to have a high school diploma in the record I will find my G.E.D or my nursing degree and place it in the record."

Class III

**0084 Training - Assis Self-Admin Meds & Med Mgmt**

Based on record review and interview, it was determined the facility failed to ensure that all staff that provide assistance with self-administered medications to residents residing in the facility receive a minimum of 2 hours of continuing education training on providing medication assistance and safe medication practices, for 1 out of 3 sampled employees who provide medication assistance to residents (Staff B).

The findings included:

During an interview with the Administrator on , it was confirmed that Staff B provides assistance with self-administered medications to the residents in the facility. Record review of Staff B 's file revealed an unknown hire date. Further record review revealed an initial 4 hour medication training dated / and a 2 hour updated on / ; no further training noted for 2016, as required annually.

On , 2016 at 1:35 PM Staff B stated, " I have my initial four hour training, I will go to the

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

agency and update my two hour training. " The Administrator confirmed aforementioned and stated no further information was available for review.

Class III

**0161 Records - Staff**

Based on records review and interview, the facility failed to ensure staff records contain a copy of the original employment application, for 2 out of 3 sampled employee records reviewed (Staff A and B ).

The findings included:

Review of the personnel records revealed had incomplete employment applications. Staff A (hire date unknown) did not have a copy of the original employment application with references furnished. Staff B (hire date unknown) original employment application was not dated or include a hire date.

On , 2016 at 12:29 PM Administrator stated, " I didn ' t ' t know I needed an employment application in my file, I will complete one as soon as possible and make sure I have a completed application for Staff B. " The Administrator stated no further documentation was available for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Nina's Haven
10620 Sunset Strip
Sunrise, FL 33322

**RE: Relicensure Survey**

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on , 2016 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 29, 2016.** 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

XG90

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