AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965638	05/06/2016
NAME OF PROVIDER OR SUPPLIER **GULF HAVEN, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **6343 ROWAN ROAD** **NEW PORT RICHEY, FL 34653**	

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

0000 Initial Comments

Assisted Living Facility

On , 2016, an abbreviated biennial relicensure survey was conducted at Gulf Haven, Inc. Deficient practice was identified during the survey.

0078 Staffing Standards - Staff

Based on interview and record review, the facility failed to show proof of a written statement from a health care provider, within 30 days of employment, that employees do not show signs or symptoms of a communicable (Communicable Statement) for 1 (Staff C) of 4 employee records reviewed.

Findings included:

An employee record review was conducted on . A review of Staff C ' s record showed a date of hire of / and a lack of a Communicable Statement.

The administrator was interviewed at 1:33 PM on and asked to show proof of a Communicable Statement for Staff C. The administrator reviewed Staff C ' s record and stated that it was not there.

Class III

0082 Training - /

Based on interview and record review, the facility failed to provide proof of training in the subject of / (/ Training), within 30 days of employment, for 1 (Staff C) of 4 employee records reviewed.

Findings included:

Staff C ' s employee record was reviewed on / and showed a date of hire of / . The review of Staff C ' s record revealed a lack of a training certificate for / Training.

The administrator was interviewed at 1:43 PM on / and asked to provide proof of HIV/AIDS

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Training for Staff C. The administrator reviewed Staff C ' s record and stated that it wasn ' t there.

Class III

0085 Training - Nutrition & Food Service

Based on interview and record review, the facility failed to show proof of a minimum of 2 hours of annual continuing education for the individual responsible for the facility ' s food service program.

Findings included:

During an employee record review conducted on , the administrator indicated that she was responsible for the facility ' s food service program.

A review of the administrator ' s record showed that the last annual continuing education received in topics related to nutrition and food service was on / .

An interview was conducted with the administrator at 1:06 PM on concerning the missing training certificates. The administrator stated that she did not realize that she had to have the continuing education annually.

Class III

0093 Food Service - Dietary Standards

Based on observation, interview and record review, the facility failed to obtain a menu, approved annually by a licensed or registered dietitian, based on food habits and preferences of residents living at the facility and maintain an adequate 3-day supply of non-perishable food to be utilized in the event of an emergency.

Findings included:

A dining and food service review was conducted on / and copies of the facility ' s menu were requested. The menu presented had been developed for another facility and contained that facility ' s name in the top left hand corner of the printed menu.

A review of the facility ' s 3-day emergency food supply showed 12 servings of macaroni and cheese meals and 12 servings of canned tuna, insufficient for a census of 14 residents.

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The administrator was interviewed at 12:37 PM on , concerning the utilization of another facility ' s menu and the 3-day supply of non-perishable food. The administrator indicated that she was not aware that she could not utilize a menu that was not approved for her facility. She stated that she would be obtaining a new menu shortly. The administrator also acknowledged that the 3-day supply of non-perishable food was inadequate.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Gulf Haven, Inc.
6343 Rowan Road
New Port Richey, FL 34653

Dear Administrator:

This letter reports the findings of an abbreviated biennial state licensure survey that was conducted on , 2016, by representative(s) 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 , 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr
Enclosure: State Form 5000-3547

XG90

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