STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910925	05/24/2016
NAME OF PROVIDER OR SUPPLIER **FAIR HAVENS CENTER LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **201 CURTISS PARKWAY** **MIAMI SPRINGS, FL 33166**	

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

0000 Initial Comments

An Abbreviated Biennial Survey was conducted on 23 and 24 of 2016. Fair Havens Center Llc. with Limited Nursing Services component had a deficiency identified at the time of the survey.

0079 Staffing Standards - Levels

Based on observation and interview the facility failed to have staff available who had access to facility and resident records to assist with the survey process.

Findings included:

The surveyor arrived to the facility on at 8:40 am and there was a receptionist in the lobby. The surveyor introduced herself and was told by the receptionist to wait for the facility administrator who was a little late.

On at 8:42 am the surveyor asked the receptionist if there was someone else to assist with the survey and the receptionist stated that she had to wait for the administrator.

On at 1:50 pm during exit interview the surveyor explained to the facility administrator that the facility would be cited for not having a staff in charge during the absence of the administrator. The facility administrator stated on at 1:51 pm that she did not know why the surveyor was told to wait for her to arrive to the facility when there were other staff available to assist the surveyor during the beginning of the survey.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Fair Havens Center Llc
201 Curtiss Parkway
Miami Springs, FL 33166

Dear Administrator:

This letter reports the findings of a 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com