RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
The Haven House At Ocala
12980 S.W. Highway 484
Dunnellon, FL 34430

RE: CCR #2016002816

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by 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 ten 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** 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 this office at .

Sincerely,

Kriste J. Mennella
Field Office Mananger

KJM/ljp

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911641	06/09/2016
NAME OF PROVIDER OR SUPPLIER **THE HAVEN HOUSE AT OCALA**	STREET ADDRESS, CITY, STATE, ZIP CODE **12980 S.W. HIGHWAY 484** **DUNNELLON, FL 34430**	

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

0000 Initial Comments

On , 2016, a complaint survey (CCR2016002816) was conducted at The Haven House at Ocala Assisted Living Facility (facility license number 7687). Deficient practice was identified. The facility was not in compliance at this time.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to obtain omitted information on the Resident Health Assessment (AHCA Form 1823) for 1 of 3 residents (Resident #3).

Findings:

On , a record review was conducted on Resident #3's 1823, Resident Health Assessment, dated . It was observed that the required comments were missing from page 2. for Activities of Daily Living. It was observed page 3. was missing required comments for Tasks. Page 5. which is required by the facility to fill out, was not completed.

On at approximately 2:50 PM, the Administrator stated she did not know why the missing information was not obtained for Resident #3's 1823, Resident Health Assessment. She stated she would speak with the Wellness Director about it.

Class III

0025 Resident Care - Supervision

Based on observation, interview, and record review, the facility failed to provide personal supervision as appropriate for each resident for 2 of 2 residents reviewed. (Resident #2 and Resident #4)

Findings:

On at 9:35 AM, the facility tour was conducted and Resident # 2 was observed wearing shorts that were wet on the back side. Further, Resident #2 had feces running down his right leg. Resident #2 was observed walking back and forth through the dining down the hallway. He was observed at 9:38 AM walking past Staff C, who was observed to look up at Resident #2's back side, back down again, and then Staff C continued to vacuum the hallway. Staff C was not observed to notify any direct care staff.

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	AL11911641	06/09/2016
NAME OF PROVIDER OR SUPPLIER THE HAVEN HOUSE AT OCALA	STREET ADDRESS, CITY, STATE, ZIP CODE 12980 S.W. HIGHWAY 484 DUNNELLON, FL 34430	

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

On at 10:28 AM, an interview was conducted with the Resident Care Director regarding observations of Resident #2 (wet pants/feces on right leg). She reported Resident #2 takes pull ups off himself; he does wear them. She reported a history of resistance to care. She reported he receives . She reported he does not like to get in the shower.

On , a record review of Resident #2's Resident Health Assessment (AHCA Form 1823), dated , showed it was documented that Resident #2 is independent with toileting.

On at 11:56 AM, an interview was conducted with the Resident Care Director. She reported Resident #2 needs an updated 1823. She reported that Resident #2 has episodes of incontinence. She reported Resident #2 does go in the , but confirmed he does require supervision.

On at 09:53 AM, Resident #4 was observed to urinate on the floor and dining hutch in the group living area. Staff was overheard to say "No." Staff D was then observed cleaning the area.

On at 10:03 AM, Resident #4 was observed with on his pants walking between the dining the living area and sat with other residents on the couch.

On at 10:05 AM, Staff confirmed that Resident # 4 needed to be changed. She stated she was requesting that he get changed at that moment.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation and interviews, the facility failed to ensure a decent living environment, free form insects, and with furniture being clean and in good repair, for 46 of 46 residents.

Findings:

During the tour conducted on from 9:35 AM to 10:05 AM, the following observations were made and picture evidence obtained: Table cloths in the dining (blue/some cream colored) were covered with crumbs; ants were crawling in the window sill in the dining ; the white blinds in the same window was observed with broken slats on the right hand side; the leather couch in the living area had large dark stains on it; there was a spot on the wall next to ; the couch in the living area was ripped at the seam; observed a live roach crawling from the living area to the threshold between the hallway and the living area.

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SUMMARY STATEMENT OF DEFICIENCIES
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On at 9:35 AM an interview was conducted with Staff E, who confirmed that breakfast ended between 8:30 AM-9:00 AM.

On , a review of facility records showed that the facility has a contract with a pest control company.

at 2:43 PM, an interview was conducted with the Executive Director who confirmed the bugs (roach and ants) observed needed to be addressed. She reported the latest visit by pest control occurred after 2016. She stated, "Yeah, I have a call out to him." She then reported as the last pest control visit. She stated "I signed off on it."

On 2:48 PM to 3:00 PM, exit conference was conducted with the Executive Director and Area Director of Operations, who stated that the facility is in the process of making repairs and confirmed the presence of dirty tablecloths with crumbs and bleach stains, stains on the carpets, and the broken in the dining . Regarding the stain on the wall next to ; the Executive Director stated, "We are working on getting it all painted."

On at 11:26 AM, an interview was conducted with the Executive Director, who stated, regarding the stains on the leather couch in the living area and the ripped cushions on the couch in the living area, that she could not explain why they were stained and ripped but stated, "We can get rid of them today."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Mr. Jack Spry
12980 SW HWY 484
Dunnellon , FL 34430

CONFIDENTIAL
RE: CCR#

Dear Mr Spry:

Representative(s) from the Agency for Health Care Administration (AHCA) completed an unannounced visit at The Haven House At Ocala on , 2016. While at the facility, our staff thoroughly reviewed your concerns. The representative(s) observed care, interviewed resident(s)/patient(s) and staff, as well as completed medical chart reviews.

The representative(s) found that rules and laws were violated at the time of our visit. The facility received a statement of deficiencies and will be required to correct the deficiencies.

Thank you for bringing your concerns to our attention. Inspection results will be available in approximately 45 days at http:// s.ahca.myflorida.com/ web or, if unavailable online, directions on how to obtain a copy of the report are included on the website as well. Your feedback is important to us and we invite you to complete a survey at http://tinyurl.com/ahcasurvey.

Sincerely,

Kristie J. Mennella
Field Office Mananger

KJM/ljp

IHKU

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