STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965951	**06/29/2016**
NAME OF PROVIDER OR SUPPLIER **HAVENCREST ALF III**	STREET ADDRESS, CITY, STATE, ZIP CODE **4471 COCONUT CREEK BLVD COCONUT CREEK, FL 33066**	

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

0000 Initial Comments

An unannounced relicensure survey was conducted on- at Havencrest III, ALF Inc. (License #10229). The facility had deficiency identified at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview, the facility failed to ensure that 1 out of 5 residents (Resident #1) was free from physical ; the facility also failed to have in place a medical order for the use of the lap tray that was annually reviewed by a physician and available upon request .

The findings include:

Resident #1 was observed on at 9:30 AM in the family in a recliner with a lap tray securely attached over her lap. The resident was observed in a reclined position and would have difficulty to remove the lap tray. An attempt to communicate with Resident #1 was no possible as she could not answer any of the questions she was asked. During an interview with Employee A, at this time, she stated that the lap tray is used for the resident because she attempts to get out of her chair without assistance which resulted in many sustained for Resident #1.

During an interview with the Manager on at 12:00 PM, she was asked if she had a medical order for the lap tray use and why the tray was being used as a . She confirmed that Resident #1 sustained many due to her constantly seeking to ambulate without assistance. The Manager, searched Resident #'1 file for the order. However, she was unable to produce an order. She immediately contacted the hospice office requesting an order for use of the laptray.

Review of the faxed copy of the order at 12:50 PM dated for use of the laptray revealed the following. " Patient can sit in Geri Chair Daily and Eat on lap tray effective ."Further review of the order revealed a notation indicating Physician Verbal Order (copy attached). The order was electronically signed by a Licensed Practical Nurse on behalf of the Physician.

Review of Resident #1 ' s Health Assessment (AHCA form 1823) revealed that she receives hospice services, she has ' s , she is and has . She also requires assistance for all activities of daily living and supervision for eating. The record was dated ', 2014.

Class III.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Havencrest ALF III
4471 Coconut Creek Blvd
Coconut Creek, FL 33066

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representativeof 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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