STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967163	R 06/08/2017
NAME OF PROVIDER OR SUPPLIER **HEIDI'S HAVEN BONAIRE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1205 BONAIRE DRIVE** **LEESBURG, FL 34748**	

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

0000 - Initial Comments

A follow up to a biennial relicensure survey was conducted on , 2017 at Heidi's Haven Bonaire Assisted Living Facility, License #11255. Deficient practice was identified during the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to obtain accurate and complete Resident Health Assessments for 3 (Resident #1, #2 and #5) of 4 resident's reviewed.

Findings:

1. A review of the Resident Health Assessment, AHCA Form 1823, for Resident #1 was conducted during the biennial survey on . On page 1, the facility address, telephone number and contact person was blank. Additionally on page 1, under Section 1, there was no indication the resident was receiving Hospice services. On page 2, under the Activities of Daily Living section, the comments to indicate the extent and type of supervision or assistance needed was blank. On page 4 under the medical certification, the address of examiner, telephone number and date was missing.

An interview was conducted with the Administrator on at 10:50 AM. She stated the Resident Health Assessment, AHCA Form 1823, had not been corrected for Resident #1. She stated she text messaged the ARNP (Advanced Registered Nurse Practitioner) just now to have it sent over.

2. A review of the Resident Health Assessment, AHCA Form 1823, completed on for Resident #2 revealed omitted information in the following areas:
Page 2, Section 1, Part A, Activities of Daily Living (ADL's) reads Resident #2 needs supervision for all ADL's however, there is no explanation to the extent of supervision needed in the comment section.
Page 2, Section 1, Part B, Special Diet Instructions is blank
Page 2, Section 1, Part C, Conditions/Requirement section has a line crossed through the entire section.
Page 2, Section 1, Part D, The answer to the question "Can needs be met in Assisted Living Facility" is blank.

A review of the Resident Health Assessment, AHCA Form 1823 completed on for Resident #5 revealed omitted information in the following areas:
Page 2, Section 1, Part A, Activities of Daily Living (ADL's) reads Resident #5 needs assistance for all ADL's except which is blank. There was no explanation to the extent of assistance Resident #5 requires in the comment section.

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An interview was conducted with the Administrator on at 10:15 AM. She confirmed the Resident Health Assessment, AHCA Form 1823, for Resident #2 and Resident #5 had omitted information as stated above and that the assessments were not complete.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to maintain a clean and well maintained environment in 1 of 5 resident (Resident #4).

Findings:

The initial tour of the facility completed on at 10:02 AM revealed Resident #4's a portion of the carpet removed and a portion of the stained carpet remaining on the floor. The area next to the bed had a large dark discoloration on the carpet. The area where the carpet had been removed revealed bare wood subflooring (photographic evidence obtained).

An interview was conducted with the Administrator on at 10:01 AM. She stated the General Manager had not completed the project yet. She stated she realizes it could be a safety issue with the loose carpet on the floor but the resident is not ambulatory and is assisted in a wheelchair by staff at all times.

Class III

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview, the facility failed to obtain an Affidavit of Compliance for Background Screening Requirements for 2 of 3 staff (Staff D and E).

Findings:

A review of the personnel records for Staff D showed date of hire of . Level 2 background screening deeming employee eligible dated . Review of the personnel record for Staff E showed date of hire of . Level 2 background screening deeming employee eligible dated . No break in service noted. There was no documentation of a Affidavit of Compliance for Background Screening Requirements in the personnel records of Staff D or E.

An interview with the Administrator was conducted on at 10:46 am. Administrator confirmed

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SUMMARY STATEMENT OF DEFICIENCIES
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the lack of Affidavit of Compliance for Background Screening Requirements for Staff D and E.

Unclassified