STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922334	**07/13/2017**
NAME OF PROVIDER OR SUPPLIER **SPRING HAVEN RETIREMENT COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1225 HAVENDALE BLVD NW** **WINTER HAVEN, FL 33881**	

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

0000 - Initial Comments

Assisted Living Facility

On , 2017, a biennial re-licensure survey with limited nursing services (LNS) in conjunction with a complaint survey, (CCR# 2017007274), (aspen event id# Y4LE11), was conducted at Spring Haven Retirement Community, assisted living facility, identified deficient practice. Deficient practice was identifed at the time of the surveys.

(License#: 5504)

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, interviews, and record reviews, the facility failed to obtain a new Health Assessment (AHCA 1823) for a significant change-in-condition, coordinate additional care and services needed with hospice through an Interdisciplinary Care Plan ( ), and ensure the provision of additional care and services needed for two hospice residents (#10 and #17) of two sampled hospice residents.

Findings included:

During a family interview conducted on at 11:15am discovered a lack of care and concern for resident #10. Resident #10's Legal Guardian stated that a care manager was hired and comes to the facility two days per week to oversee resident #10's care because of discrepancies related to care needs and stated that at no time has the facility and hospice described what care and services that each would provide to resident #10.

A record review conducted on revealed that a new AHCA form 1823 was not obtained when resident #10 had a change-in-condition necessitating the need to obtain hospice services for continued residency. Resident #10 record did not contain an specifying those care and services provided by hospice, and those care and services provided by the facility and agreed upon by hospice, the facility, and the resident (or Responsible Party).

A record review conducted on for hospice resident #17 who has a diagnosis of and uses portable , revealed that there was no specifying those care and services provided by

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922334	07/13/2017
NAME OF PROVIDER OR SUPPLIER **SPRING HAVEN RETIREMENT COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1225 HAVENDALE BLVD NW** **WINTER HAVEN, FL 33881**	

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

hospice, and those care and services provided by the facility and agreed upon by hospice, the facility, and the resident (or Responsible Party). At 05:10pm, Resident #17 was unable to describe safe portable ,, storage nor able to state who oversees ,, management.

An interview conducted on at 05:45pm revealed that the Administrator did not realize that anyone in the facility was on portable ,, and unable provide an for either resident #10 or #17.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, interview, and record review the facility failed to honor Resident Rights by failing to ensure a safe and hazard-free living environment for three residents (#11, #12, and #17) of three sampled residents, which has the potential to affect all who reside in the assisted living portion of the facility.

Findings included:

A medication (med) observation conducted on at 11:33am and 02:11pm discovered Staff G failed to wash hands before and after giving meds to residents #11 and #12 and brought entire med cart into resident #12 .

An observation conducted on at 05:10pm revealed that resident #17 who needs assistance with self-administration of medication, has , and is a risk had one unsecured ,, cylinder (Evidence1). Resident #17 stated that nobody has told me anything about my ,, ; I don't know who takes care of it.

A review of the facility's Policy and Procedure (P&P) discovered that ,, tanks must be in a secured storage holder, care staff will monitor the resident's ability to operate the equipment, and the community will comply with all local fire codes and will disclose the location of all stored ,, during inspections. Surveyor did not receive requested P&P on control/handwashing.

During an interview conducted on at 05:45pm, the Administrator agreed and confirmed the unsafe storage for one ,, cylinder and did not realize any residents had portable ,, cylinders in the facility. At 06:05pm, the Administrator stated that med techs should be washing their hands before

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922334	07/13/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING HAVEN RETIREMENT COMMUNITY	1225 HAVENDALE BLVD NW WINTER HAVEN, FL 33881

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

and after the med pass and use hand sanitizer between residents and that med techs should not be taking med carts into resident as this "is cross-contamination."

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on interview and record review, the facility failed to ensure that medication observation records (MORs) were accurate, free from omissions and errors, and immediately updated each time a medication was offered for one resident (#16) of two sampled residents.

Findings included:

During a Medication Observation Record (MOR) review conducted on revealed that resident #7 who receives assistance with self-administration had an order for 50mcg tablet to take one tab by mouth every day on empty stomach at 06:30am. This was discontinued on and resident #7 continued to receive on , and . A new for 75mcg tablet to take one tab by mouth every day on empty stomach for the dates of through scheduled at 08:00am. The facility's breakfast time is at 07:30am. On and , resident #7 received both doses (50mcg and 75mcg) without an order for this high of a dose.

During a MOR review conducted on revealed that resident #16 who receives assistance with self-administration had an order for Boost Plus, Vanilla Liquid Nutrition to take one can twice every day. Resident #7 received this only once every day at 08:00am from through . Resident #16 had order for , 400mg capsule to take one cap by mouth every eight hours. This medication scheduled for and received every four hours on . Resident #16 had order for , 10mg tablet to take a half tab by mouth every eight hours. This medication is listed as scheduled for and received at 08:00am, 02:00pm, and 10:00pm from through . On , the , times changed to resident #16 receiving at 06:00am, 08:00am, and 10:00pm from through . The , 10mg was not signed as given on , , & .

During an interview conducted on at 04:40pm the Administrator acknowledged and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922334	07/13/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING HAVEN RETIREMENT COMMUNITY	**1225 HAVENDALE BLVD NW WINTER HAVEN, FL 33881**

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

confirmed that both residents #7 and #16 had medication orders that were not followed stating that recently the facility has contracted with a new pharmacy and this should improve gave no explanation regarding missing documentation that medication were given for resident #16.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on interview and record review the facility failed to follow physician's medication orders when providing assistance with self-administration for two residents (#7 and #16) of two sampled residents.

Findings included:

During a Medication Observation Record (MOR) review conducted on revealed that resident #7 who receives assistance with self-administration had an order for 50mcg tablet to take one tab by mouth every day on empty stomach at 06:30am. This was discontinued on and resident #7 continued to receive on , , and . A new for 75mcg tablet to take one tab by mouth every day on empty stomach for the dates of through scheduled at 08:00am. The facility's breakfast time is at 07:30am. On and , resident #7 received both doses (50mcg and 75mcg) without an order for this high of a dose.

During a MOR, review conducted on revealed that resident #16 who receives assistance with self-administration had an order for Boost Plus, Vanilla Liquid Nutrition to take one can twice every day. Resident #7 received this only once every day at 08:00am from through . Resident #16 had order for 400mg capsule to take one cap by mouth every eight hours. This medication scheduled for and received every four hours on . Resident #16 had order for 10mg tablet to take a half tab by mouth every eight hours. This medication scheduled for and received at 08:00am, 02:00pm, and 10:00pm from through . On , the times changed to resident #16 receiving at 06:00am, 08:00am, and 10:00pm from through .

During an interview conducted on at 04:40pm the Administrator acknowledged and confirmed that both residents #7 and #16 had medication orders that were not followed stating that recently the facility has contracted with a new pharmacy and this should improve.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922334	07/13/2017
NAME OF PROVIDER OR SUPPLIER **SPRING HAVEN RETIREMENT COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1225 HAVENDALE BLVD NW** **WINTER HAVEN, FL 33881**	

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

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review and interview, the facility (current census: 85 residents) failed to ensure that required training certificates are documented in the facility's personnel files and include title and subject matter/agenda of the training, trainee's name, dates of participation, location of the training, number of hours of the training, and training provider's name, dated signature and credentials, including professional license number, if applicable, for 2 of 3 randomly selected personnel.

Findings included:

Per record reviews and interviews conducted at the facility on , 2 of 3 personnel files randomly selected for review did not contain proper documentation of required staff trainings.

Staff B was hired as a Resident Care Aide/Med Tech on . Training certificates in Staff B's personnel record included the following:

Control training -- Holiday University Training Certificate -- no instructor info or signature and Holiday University Training Certificate : 30 minutes -- signed by Administrator as "Training Facilitator."

ADL & Behavioral Needs training -- 2 Holiday University Training Certificates dated : Activities of Daily Living - Part 1 - 1 hour & Part 2 - 1 hour online learning -- signed by Administrator as "Training Facilitator" and Holiday University Training Certificate dated : Behavior Management: Caring for the Elderly, signed by Administrator as "Training Facilitator."

training -- Holiday University Training Certificate dated -- no instructor information or signature and Holiday University Training Certificate : 1.25 hours -- signed by Administrator as "Training Facilitator."

Elopement Response training -- Holiday University Training Certificate dated : "AL: Elopement Policies & Procedures" -- "less than 30 minutes" -- no instructor information or signature and 30 minute online learning including "Overview of Site Specific Elopement Procedures & Policy" dated .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922334	07/13/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING HAVEN RETIREMENT COMMUNITY	**1225 HAVENDALE BLVD NW WINTER HAVEN, FL 33881**

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

Emergency Preparedness & Evacuation training -- Holiday University Training Certificate dated : Emergencies & Disasters-What You Need to Know for Assisted Living -- no instructor information or signature and Holiday University Training Certificate dated : Natural Disaster & Emergency Preparedness -- no time specified.

Incident Reporting training -- Holiday University Training Certificate dated : AL: Major & Adverse Incident Reporting -- "less than 30 minutes"-- no instructor information or signature and Holiday University Training Certificate: Incident Reporting-1 hour facilitated by Administrator.

Resident Rights training -- Holiday University Training Certificate dated -- no instructor information or signature and Holiday University Training Certificate : 30 minutes -- signed by Administrator as "Training Facilitator."

Recognizing & Reporting , Neglect, & -- Holiday University Training Certificate dated : online learning - 30 minutes -- signed by Administrator as "Training Facilitator."

Policy & Procedure training -- Holiday University Training Certificate dated -- no instructor information or signature and Holiday University Training Certificate : "purpose, state-specific guidelines, & role of community in honoring" -- no indication of training in facility policies & procedures -- signed by Administrator as "Training Facilitator."

Staff C was hired as a Resident Care Aide/Med Tech on . Training certificates in Staff C's personnel record included the following:

Control training -- dated signed by current Administrator -- "Training Facilitator Signature" completed by Administrator, signed as Executive Director. Record review revealed duplicate training forms with staff name, date, & location filled in by hand. On at 4:20pm, Surveyor discovered training documents in Staff C's file contained certificates with previous Administrator's name removed & the space covered with current Administrator's signature placed as "Administrator-CORE certified" (photographic evidence obtained). Per record review and interview with the current Administrator, the current Administrator's date of hire was . The Administrator acknowledged having not provided the trainings.

Continued review of Staff C's training records on revealed the following additional certificates:

ADL & Behavioral Needs training -- dated , signed by current Administrator (see comments

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922334	07/13/2017
NAME OF PROVIDER OR SUPPLIER **SPRING HAVEN RETIREMENT COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1225 HAVENDALE BLVD NW** **WINTER HAVEN, FL 33881**	

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

above).

training -- dated , signed by current Administrator (see comments above).

Elopement Response training -- dated , signed by current Administrator (see comments above), and Policy & Procedures signed .

Emergency Preparedness & Evacuation training -- dated , signed by current Administrator (see comments above), and "Fire Drill/Disaster Duties" list signed .

Incident Reporting training -- dated , signed by current Administrator (see comments above), and Policy & Procedures signed, not dated.

Resident Rights training -- dated , signed by current Administrator (see comments above), and Bill of Rights signed .
Recognizing & Reporting , Neglect, & , -- Policy & Procedures signed - no indication of training.
Policy & Procedure training -- dated , signed by current Administrator (see comments above), and Policy & Procedures signed .

Nutrition & Safe Food Handling -- dated signed by current Administrator (see comments above).

Per record reviews, Certificates of Completion in use by the facility have a space designated for Supervisor Signature and seal stating "Course Presented by Holiday University LMS (Holiday Retirement)." The certificates do not meet statutory training documentation requirements.

Per interview with the Administrator on at 6:00pm, the Administrator stated he always signs his name with original signature, does not use a stamp, and does not duplicate his signature. When Surveyor showed the Administrator the altered training records in Staff C's personnel file, the Administrator responded: "The altered signatures voided the training."

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on interviews and record review, the facility failed to maintain (1) an up-to-date a admission and discharge log listing names of all residents and each resident's date of admissions, place admitted from,

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922334	**07/13/2017**
NAME OF PROVIDER OR SUPPLIER **SPRING HAVEN RETIREMENT COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1225 HAVENDALE BLVD NW** **WINTER HAVEN, FL 33881**	

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

date of discharge, reason for discharge, and the place discharge to; (2) a County approved Comprehensive Emergency Management Plan (CEMP).

Findings included:

(1)
During a record review conducted on discovered that the facility did not maintain an admission and discharge log, which included the names of all residents; each resident's date and place of admission; each resident's date and place of discharge, and reason for discharge.

(2)
A review of facility inspection reports conducted on at 10:30am, with the Administrator discovered that the CEMP annual approval was not available for review. The Administrator stated that the 2016 CEMP had already expired and at 03:04pm produced an email from the County's Emergency Management Director that the facility's "CEMP is currently under review."

In interview conducted on at 05:45pm, the Administrator acknowledged and confirmed that the admission and discharge log was not up-to-date and missing regulatory requirements as to facility residents: where admitted from; where discharged to, and the reason for discharge. The Administrator provided no explanation.

Class III