STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965638	**09/07/2017**
NAME OF PROVIDER OR SUPPLIER **GULF HAVEN, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **6343 ROWAN ROAD** **NEW PORT RICHEY, FL 34653**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2017006666), was conducted at Gulf Haven, Inc. on . Gulf Haven, Inc. had deficiencies at the time of the investigation.

(License # 9968)

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

Based on records review and interview, the facility failed to maintain daily medication observation records for 2 of 2 residents that required assistance with medication self-administration.

Finding included:

On at 12:30pm a review of Resident #6's records was conducted. The review revealed that the resident required assistance with medication self-administration. Resident #6's medication observation records (MOR) revealed that on , 8 of the resident's 11 regularly scheduled medications were not documented as given. There was no explanation of why the medications were not given. The MOR for , 2017 revealed that on , one of Resident #6's regularly scheduled medications was not documented as given, with no explanation of why the medication was not given.

At 12:40pm a review of Resident #5's records was conducted. The review revealed that the resident required assistance with medication self-administration. Resident #5's MOR revealed that on 1 of the resident's 19 regularly scheduled medications was not documented as given. There was no explanation of why the medication was not given.

At 2:30pm, the Administrator stated that the facility had no explanation of why Resident #5 and #6 had medications that were not documented as given.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to provide proof of a minimum of one hour of in-service training, within 30 days of employment, that covered the topics of resident rights in an assisted living facility/recognizing and reporting , neglect, and , (Resident Rights Training), and resident behavior and needs/providing assistance with the activities of daily living (ADL Training) for three (Staff B, Staff C, and Staff D) of three employees reviewed.

Findings included:

A review of facility records showed that Staff B had a date of hire of , Staff C had a date of hire of , and Staff D had a date of hire of .

The Administrator was interviewed at 12:32 PM on concerning job responsibilities for Staff B, C, and D and they indicated that the three staff members provided direct care for residents. When asked to provide records to review proof of Resident Rights Training and ADL Training, The Administrator stated that the training certificates were not present.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on interview and record review, the facility failed to provide proof of successful completion of four hours of initial training for employees that provide assistance with self- administered medications (Med Tech Training) for three (Staff B, Staff C, and Staff D) of three employees reviewed.

Findings included:

A review of facility records showed that Staff B had a date of hire of , Staff C had a date of hire of , and Staff D had a date of hire of .

An interview was conducted with the Administrator at 12:32 PM on and they stated that Staff B, C, and D all assisted residents with self-administration of medications. When asked for proof of Med Tech Training for the three employees, the Administrator stated that the proof of training was not present.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review and interview, the facility failed to provide proof of noting substitutions for regular or therapeutic menus, before or when the meal was served, and kept on file in the facility for six months.

Findings included:

A dining and food service review was conducted on . One of the food items on the day's lunch meal menu was mashed potatoes, which was substituted with noodles. A review of the facility's substitution log showed no record of this replacement. A further review of the substitution log showed no entries for the past six months.

The Administrator was interviewed at 11:40 AM on concerning the facility's requirement to note meal substitutions. The Administrator stated that they didn't note substitutions in writing.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on records review and interview, the facility failed to retain records on file at the facility for 2 years following the departure of the resident for 3 of 3 residents records requested.

Findings included:

On at 10:00am, the facility's Admission/Discharge log was reviewed. The Admission Discharge log revealed that Resident #1 was discharged on , Resident #2 was discharged on , and Resident #3 was discharged on .

At 10:45am, the Administrator of the facility was asked to provide closed resident records for Residents

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#1, #2 and #3. The Administrator stated that none of the requested records were on the premises because the facility had nowhere to keep them in the building.

Class III