STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965638	R 10/24/2017
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

An unannounced revisit survey was conducted on at Gulf Haven, an Assisted Living Facility, (License # 9968), in New Port Richey, Florida. This was a follow-up to the complaint survey, (CCR# 2017006666), completed on . The previous deficiencies were found to be corrected and a new deficiency was identified.

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

Based on observation and staff interview, Staff A failed to assist with self-administration of medications in a safe and sanitary manner to 3 (Resident #8, #9, #10) of 3 residents observed.

The findings included:

On beginning at 12:05 p.m. Staff A was observed assisting Residents #8, #9, and #10 with their medications. Staff A did not wash her hands or using hand sanitizer before or after assisting each resident with their medications.

In an interview on at 1:05 p.m. Staff A stated, "I don't have to because I don't touch the medication."

Class III