STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910925	R 10/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIR HAVENS CENTER LLC	**201 CURTISS PARKWAY** **MIAMI SPRINGS, FL 33166**

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

0000 - Initial Comments

A Monitoring Revisit Survey was conducted on 10/16/2017. Fair Havens LLC (License # 4859) with Limited Nursing Services had the following uncorrected deficiencies identified at the time of 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 provide an accurate health assessment documenting the type of assistance residents needed with activities of daily living (ADL) and what type assistance residents needed for medication administration for 6 out of 13 the sampled residents (Resident #4, 12, 26, 28, 29, 20, and 31).

Findings include:

A record review of Resident #4's health assessment dated revealed that both independent and supervision for dressing were checked.

A record review of Resident #12's health assessment dated revealed that both independent and supervision for ambulation were checked.

A record review of Resident #26's health assessment dated revealed there was no documentation of the type of assistance the resident needed with managing medications.

A record review of Resident #28's health assessment dated revealed the resident needed assistance with medication administration.

A review of Resident #29's health assessment dated revealed that both independent and supervision for ambulation were checked.

A review of Resident #30's health assessment dated revealed the form was missing the area that documents the type of assistance a resident needs with activities of daily living.

A review of Resident #31 health assessment dated revealed revealed that both independent and supervision for transferring were checked.

On at 2:42 PM the Assistant Administrator stated "Resident #28 gets assistance with medications from our staff, and we will have to review the health assessments from the other residents to get the doctor to correct them."

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Uncorrected
Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to provide documentation of a written statement sign by a health care provider documenting that the individual did not have any signs or symptoms of communicable for 4 out 5 sampled staff (Staff B, C, D, and E).

Findings included:

A review of personnel records for Staff B, C, D, and E revealed Staff B was hired on , Staff C was hired on , Staff D was hired on , and Staff E was hired on . There was no documentation in the staff files of a written statement signed by a health care provider documenting that they had no signs or symptoms of communicable .

On at 2:39 PM Assistant Administrator stated "This form was completed by the physician, I am not sure why he did not signed the area specified. We will have the statements corrected as soon as possible."

Uncorrected
Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to ensure that 1 out of 5 sampled employees (Staff D) had received training in the area of Incident Reporting.

Findings included:

A review of Staff D's employee file revealed there was no documentation the staff had received the training on Incident Reporting.

During an exit interview on at 3:18 PM, the Assistant administrator acknowledge that the training documentation was missing.

Uncorrected
Class III

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

Based on observation and interview, the facility failed to provide a safe and decent living environment for facility residents.

Findings Included:

During facility tour conducted from 10:10 AM -10:54 AM Observed in a black substance resembling mold on top of the wall. In front of observed a black substance resembling mold on ceiling. In the wall was wet. In observed air conditioner had a black substance resembling mold around it, in 216 observed a black substance resembling mold on wall and ceiling. In Center, observed on ceiling black spots. (Photo evidence)

On at 11:40 AM, the Assistant Administrator, stated "We have moved the residents out of the that are being reconstructed. We will move those residents out of the that have mold. We are in the process of repairing and painting every ."

Uncorrected
Class III

L240 - LMH - Licensing - 429.075

Based on record review and interview the facility failed to obtain a limited mental health (LMH) component license prior to providing services to 2 out 13 sampled residents who had a mental health diagnosis and received the Optional State Supplement ( ) (Residents #14 and 27).

Findings included:

A review of Resident #14's file revealed the resident received and further review of resident's health assessment showed the resident had diagnoses of , and , .

A review of Resident #27's file revealed the resident received and further review of resident's health assessment showed the resident had a diagnosis of major , .

A review of the facility's license revealed the facility had no Limited Mental Health component license.

During exit interview on at 3:18 PM, the Assistant Administrator acknowledged the findings.

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SUMMARY STATEMENT OF DEFICIENCIES
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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to ensure that all employees were registered on its roster in the Background Screening Clearinghouse Database.

Findings included:

A review of the Background Screening Clearinghouse Database showed Staff F, hired on , had an eligible level II background screening dated . Staff F was not listed on the facility's roster.

During Exit interview on at 3:18 PM, the Assistant Administrator acknowledge the finding.

Uncorrected
Unclassified