STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922334	01/16/2018
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 , 2018, a change of ownership (CHOW) state licensure survey was conducted at Spring Haven Retirement Community, Assisted Living Facility. Deficient practice was identified at the time of the visit.

(License # 5504)

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, interviews, and record reviews, the facility failed to provide care, services, and the necessary level of supervision to meet the needs of four sampled residents (#7, 9, 13 and 14) accepted for admission to the facility, including necessary oversight and follow-up for residents who sustained .

Findings included:

An observation conducted on at 09:35am found that Resident #7 had six small portable tanks unsecured in her . One tank was tipped over on its side on the floor of the closet (See Photographic Evidence1). There was a six tank holding rack in the closet with two tanks in place. Resident #7's messy and unable to walk through without stepping on something.
In an interview conducted on at 9:35am, Resident #7 stated that no one at the facility informed her of how to store safely. In a continued interview, Resident #7 revealed that she has four times since arrival at the facility. (Resident #7 was admitted .)

A record review conducted on revealed that Resident #7 was evaluated as a high risk on . The documentation of face-to-face health assessment (AHCA form 1823) dated was marked needs assistance with self-administration of medication and independent for ambulation. Resident #7 was admitted to the facility on and was on continuous prior to admission. A review of physician orders found an order for dated . A review of a incident report for a that occurred on contained no documentation regarding the

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following: that the physician was notified, investigation, assessment of contributing factors, actions or interventions implemented, or prevention plan. There was no documentation in Resident #7's daily notes regarding follow-up and monitoring post- .

In an interview conducted on at 10:15am with Resident #9, Resident #9 revealed they had recently . Resident #9 stated that the facility had to call an ambulance to assist from being stuck partway under the bed. A review of a incident report for a that occurred on at 08:40pm contained no documentation regarding the following: investigation, assessment of contributing factors, actions or interventions implemented, or prevention plan. A review of a incident report that occurred on 11:40pm contained no documentation regarding the following: investigation, assessment of contributing factors, actions or interventions implemented, or prevention plan. Resident #9's daily charting notes dated at 09:57am stated that a occurred on Saturday and no time of noted. Another entry stated that a occurred on at 10:55pm and Resident #9 was placed on hourly checks. No documentation was provided to indicate that the hourly checks for Resident #9 occurred. No documentation was provided in regards to follow-up: actions taken, interventions implemented, or prevention measures put in place.

A review of the resident record for Resident #13 conducted on revealed that Resident #13's health assessment (1823) dated was marked independent for ambulation. A Risk Assessment dated stated Resident is a high risk for . No documentation was provided that occurred or actions taken, intervention implemented, or prevention measures put in place.

A record review conducted on revealed that Resident #14 had a on at 10:20pm. No documentation found regarding the following: investigation, assessment of contributing factors, actions or interventions implemented, or prevention plan.

A review of the Facility's Risk Management Policy and Procedure conducted on revealed that the Facility's Policy included the following components: "If any Resident experiences a pattern of (2 or more in a 30 day period) or an injury from a , the Director of Wellness (or designee) will: Notify the Resident's physician, Seek emrgency medical treatment when necessary, Notify the Resident's Responsible Person, Complete a Investigation Checklist, Complete a Reisk Assessment and revise the Resident's Service Plan accordingly..."
The Facility did not follow their written Policy and Procedure for by failing to "assess Assisted Living Residents for their potential to prior to move-in." The Facility also failed to follow their own written investigative plan for .

During an interview conducted on at 12:26pm the Administrator confirmed that Resident #7

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is not storing tanks safely and stated that, "we are going to have to develop a teaching plan upon admission for new residents admitted."

An interview conducted on at 01:00pm the Health and Wellness Director (H&WD) revealed that Resident #7's former residential facility did not set up anything for transfer to this facility and also stated that this facility has found several needles stuck in Resident #7's carpet and chair. The H&WD stated that Resident #7 does not follow doctor's order and has been digging needles out of sharps containers. No monitoring documentation was provided or found in Resident #7's record in regards to Resident #7 not following doctor's order or digging needles out of sharps containers. The H&WD also stated that Resident #7 "doesn't realize how to put it on (referring to))."

The National Fire and Protection Association (NFPA) and Occupational Safety and Health Administration standard for safe cylinder storage is that "all freestanding cylinders must be stored in a rack, a cart, or another enclosure to protect them. Unsecured cylinders could , breaking the valve and possibly resulting in a rapid release of the gas, propelling the cylinder and turning it into a dangerous projectile."

Class III

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

Based on record review and interview, the facility failed to ensure that 1 (Staff C) of 3 direct care staff was free from communicable within 30 days of being hired at the facility and also failed to ensure Staff C had documentation indicating a negative examination had been completed annually.

Findings included:

Record review on of the personnel file for Staff C revealed she was originally hired on and re-hired on by the new owners. The free from communicable statement was not in her file.

Continued record review on of the personnel file for Staff C revealed that the last documented negative test was done on and another test should have been done before .

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When interviewed on . . . . . at 12:15 p.m., the administrator verified the free from communicable statements for Staff C was not in her personnel file and Staff C did not have a document stating she had had a negative . . . . . test done by . . . .

Class III

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

Based on observation, record review, and interview, the facility failed to ensure that 3 (Staff E, Staff F and Staff G) of 3 staff completed level 2 background rescreening every 5 years as a condition of continuing employment.

Findings included:

Record review of the facility's staff schedules on revealed Staff E was working in the housekeeping department, Staff F was working in the activities department and Staff G was working in the dietary department. The administrator verified on at 10:20 am that Staff E, F,and G were currently working at the facility. Staff F was observed on doing an activity with the residents on the second floor..

Record review of the facility's Employee Roster on the Agency for Health Care Administration (AHCA) Background Screening site revealed Staff E was hired as a housekeeper on and deemed eligible for employment based on Background Screening conducted on . Staff E's employee record at the facility contained an AHCA Background Screening deeming Staff E eligible on . Record review on revealed Staff E has not completed level 2 background rescreening every 5 years as required.

Record review of the facility's Employee Roster on the AHCA Background Screening site revealed Staff F was hired in the activity department on and deemed eligible for employment based on Background Screening conducted on . Staff E's employee record at the facility contained an AHCA Background Screening deeming Staff E eligible on . Record review on revealed Staff E has not completed level 2 background rescreening every 5 years as required.

Record review of the facility's Employee Roster on the AHCA Background Screening site revealed Staff G was hired as a dietary aide on and deemed eligible for employment based on Background Screening conducted on . Staff G's employee record at the facility contained an AHCA Background Screening deeming Staff G eligible on . Record review on revealed Staff G has not completed level 2 background rescreening every 5 years as required.

The administrtor on at 10:25 am verified that Staff E, F, and G had not been backgrounded screened every 5 years as required.

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Unclassified