STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965179	02/27/2018
NAME OF PROVIDER OR SUPPLIER **SAFE HARBOR ASSISTED LIVING RESORT**	STREET ADDRESS, CITY, STATE, ZIP CODE **1320 SW 26TH STREET** **FORT LAUDERDALE, FL 33315**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on [redacted] and [redacted] at Safe Harbor Assisted Living Facility (License #9568). The facility had deficiencies at the time of the visit.

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation, and interview, it was determined the facility failed to encourage residents to participate in activities and provide an ongoing activities program.

The findings included:

While conducting the survey at the facility between the times of 9:00 AM to 4:00 PM on [redacted] and [redacted], it was observed that no activities were provided. While touring the facility on [redacted] between the times of 10:00 AM and 11:00 AM, the activity calendar was observed and revealed no dates for which the activities were to be provided.
Review of the Activity Calendar revealed the following:
9:30 AM-10:00 AM- Chair Exercise
10:00 AM-11:30 AM- Music [redacted]
2:00 PM-3:45 PM Bingo

During an interview with the administrator and the owner at 2:10 PM on [redacted], it was stated that during the duration of the survey, no activities have been observed or provided by any of the staff. The owner and the administrator acknowledged the findings and had no response. No additional information was provided.

Class III

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

Based on observation, record review and interview, the facility failed to have a written statement of its house rules and procedures, and failed to ensure that each resident is treated with consideration and due recognition of personal dignity.

The findings included:

1. During the entrance conference the facility's resident council committee meeting minutes and the

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facility' grievance log were requested. No documents were provided for review. Interview with residents on revealed they were unaware of their rights; and they don't have resident council meetings. On , the facility's policy and procedure was requested of the owner. Once again, no documentation or policy and procedures were provided as requested.

During interview the owner stated the facility does not have a grievance log, suggestion box, or any method of filing a grievance. In addition, the owner stated the facility does not have any resident council committee meetings. The owner also said they do not have a facility policy and procedure addressing resident responsibilities; and tobacco; medication storage; resident elopement; reporting resident , neglect, and ; housekeeping schedule; control, sanitation, and universal precautions; coordination of third party providers; access to telephone; , bed rails; resident bill of rights; contract, refund policy, 45 day notice; grievance process; and resident council. The owner, administrator, and manager acknowledged and confirmed the findings.

2. While observing dining at 12:00 PM on , Resident #13 was observed laying in the bed during meal times while all other residents at the facility were seated in the dining lunch. No food or beverages was observed in the the resident.

Record review of the file of the health assessment (AHCA 1823 form) for Resident #13 revealed the resident had a health care provider's order for a pureed diet and Ensure 1 can three times a daily.

Observations of dining at 12:00 PM on of Resident #13 revealed the resident was laying in bed while the other residents were observed seated in the dining lunch for a second day. Further observations revealed the resident had a 1 gallon jug of water with a container of Thick It nearby. Observations revealed at 12:34 PM, Staff C came in with a bowl that contained a brown liquid to feed Resident #13. When asking Staff C what the resident was being fed,Staff C stated "I don't know, Soup?" Review of the menu to be served for lunch for revealed the resident should have received: Salisbury Steak, Whipped Potatoes, Peas/Carrots, and Fruit Cocktail.

During an interview with the dietary staff personnel at 12:43 PM on , it was stated that all of the Food for Resident #13 is blended together, and then given to the resident to eat. When asked when the resident gets the ordered Ensure, the dietary personnel did not give a response. At no time during the survey on and was the resident observed drinking Ensure.

During an interview with the owner on at 2:37 PM, the findings were discussed and acknowledged. No further information was provided.

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Class III

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

Based on interview and record review, it was determined the facility failed to ensure that each staff member, within 30 days after beginning employment, submitted a written statement from a health care provider documenting that the individual was free of any signs or symptoms of communicable , for 2 of 4 sampled staff records (Staff B and Staff C).

The findings included:

During personnel record review and interview conducted with the administrator on at approximately 11:30 AM, there was no evidence or documentation that Staff B and Staff C had a statement indicating they were free of signs & symptoms of communicable and ( ). The administrator was provided the opportunity to locate documentation from a health care provider for the following staff members to indicated these staff were free of signs and symptoms of communicable and :

1. Staff B with a date of hire noted as .
2. Staff C with a date of hire noted as .

During an interview with the administrator on , the findings were confirmed and acknowledged that Staff B and Staff C did not currently have documentation from a health care provider that they are free of signs or symptoms of communicable and .

Class III

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

Based on observation and interview, the facility failed to maintain a clean, safe living environment free from hazards and pests for 13 of 13 sampled residents at the facility.

The findings included:

1. While conducting a tour of the facility with Staff A between the times of 10:00 AM - 11:00 AM, the following was observed:

In the common area outside of 11 and 12, a vacant medication cart was observed in the corner

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with a flat screen television laying on the top. Further observations of the medication cart and the television revealed three large paintings piled on the top of the television. Next to the medication cart multiple bags of plaster and concrete was observed piled onto the floor. Further observations revealed an [illegible] concentrator that was left in the common area as storage. Observations of the medication cart and on the right side revealed walkers of various kinds stored against the wall, in addition to two mattresses and a coffee table.

Observations of the resident's dining table, also located in the common area revealed a used wash cloth with stains of various colors and a spray bottle of an unknown chemical sitting on the table top.

Observations of the dining two dining tables in disrepair with the top of the table uplifting exposing the wood and other raw materials that table is made of that can be hazardous to residents if touched. Further observations revealed residents sitting at the table eating their meals and doing various other activities provided to them.

Observations of the laundry an odor of and clothes and sheets piled up in 3 laundry baskets.

During an interview with the administrator and the owner on at 1:47 PM, it was stated that the housekeeping personnel quit a few days prior to the survey and that the washer was just bought a couple of months ago. Documentation of the manufactures warranty and the invoices were requested. The owner stated that they will have to go online and get it. During this time, the findings were also discussed and acknowledged by both the administrator and the owner, the opportunity was given to retrieve the documentation. No documentation was provided.

2. Interviews with Resident #5 and Resident #7 revealed that the facility has bed bugs. Documentation review of the pest control logs from "Confidential Company", dated for , revealed "special bed bug treatment" that included treatment of all and the kitchen. Review of the report from the pest control company revealed live and bed bugs were found in #3, #4, #5, #8, #12 and #13. During an interview with personnel from the pest control company, it was stated that the facility has a treatment plan in place, and that the plan being used is not sufficient to free the facility from the bed bugs.

During an interview with the administrator and the owner on , it was stated that the are fumigated before the new mattresses are put in the ; and residents have to wait outside of their for a few hours until the process is complete. The owner further stated that they buy the mattresses new, and when they arrive, they are stored outside until they are put inside the residents'

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Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to have and provide an approved emergency management preparedness plan.

The findings included:

During a tour, it was observation that there was no evidence of the CEMP (comprehensive emergency management plan) that approved by the local emergency management agency. During documentation review, there was no evidence of an approved CEMP. During an interview with the administrator on and again on , the administrator stated that she will get it. There was no documentation provided for review as requested.

The administrator confirmed that she does not have the approved Comprehensive Emergency Management Plan (CEMP) and offered no additional information.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to maintain the employment status of all employees within the Clearinghouse Background Screening for employment status, for 2 out of 4 staff members (Staff B and Staff C).

The findings included:

A review of the current facility's staffing roster and staff schedule that was provided by the Administrator on at 9:30 AM was reviewed. The facility's staffing roster and schedules were compared to the facility's employee roster on the Clearinghouse Background Screening which revealed that 2 current staff members were not registered on the clearinghouse roster.

The following was reviewed in their personnel files:
Staff B has a date of hire of .
Staff C had a date of hire of .

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Further review of the facility's Employee Roster Clearinghouse Background Screening revealed the following facility's 18 staff members (Staff D though U) did not have an end date of employment listed on the roster:

Staff D with start date of , and end date of
Staff E with start date of , and end date of
Staff F with start date of , and end date of
Staff G with start date of , and end date of
Staff H with start date of , and end date of
Staff I with start date of , and end date of
Staff J with start date of , and end date of
Staff K with start date of , and end date of
Staff L with start date of , and end date of
Staff M with start date of , and end date of
Staff N with start date of , and end date of
Staff O with start date of , and end date of
Staff P with start date of , and end date of
Staff Q with start date of , and end date of
Staff R with start date of , and end date of
Staff S with start date of , and end date of
Staff T with start date of , and end date of
Staff U with start date of , and end date of .

During an interview with the administrator and the owner at 2:30 PM on , they verified that Staff A and B are currently employed at the facility, and they acknowledged the findings of 18 staff (Staff D - U) are no longer employed at facility.

Observation on - revealed two males performing maintenance in residents' and throughout the facility. The personnel records of these two persons was requested. The owner stated that they are not employed of the facility, they are contracted. One of the males stated he was the owner's son. In interview, it was asked if these males enter residents' , and the response was 'yes'. There was no evidence of background screening for these 2 persons.

Unclassified