STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922334	**03/12/2018**
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 Complaint (CCR#2017015435) in conjunction with a Revisit to a 1/16/18 Change of ownership (CHOW) survey was conducted at Spring Haven Retirement Community. Deficiencies were identified during the visit.
(license # 5504)

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 hazard free living environment.

Findings Included:

An observation during a tour of the 100-Hall conducted on . . . . . at 05:45pm, revealed that there were two small area where a portion of the wall was missing and fiberglass insulation was exposed near . . . . 132 and 136. The baseboards and carpet between . . . . 128 - 130 and . . . . 140 - 142, were flipped away from the wall and outward into the hallway narrow walk path.

An observation during a tour of the 300-Hall conducted on . . . . . at 06:00pm, revealed that there were several small areas where a portion of the wall was missing and fiberglass insulation was exposed. The Health and Wellness who was present during the tour was interviewed at the same time and acknowledged and confirmed this as a hazard for residents.

An observation during a tour of the 400-Hall conducted on . . . . . at 0615pm, revealed that there was a very large portion of the wall missing and fiberglass insulation protruding from the wall outward into the walk path between . . . . 402 and 404. The Health and Wellness Director who was present at the time acknowledged and confirmed this as a hazard for residents.

During a staff interview with the Administrator conducted on . . . . . at 10:25pm, the Administrator acknowledged and confirmed that the insulation should not be exposed. The Administrator stated that, "they (referring to construction workers) should not have left it like this [and] I will be discussing this with the contractor."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922334	**03/12/2018**
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)