

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965179	(X3) DATE SURVEY COMPLETED R 04/16/2018
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

Amended Report

A follow-up inspection to the Relicensure survey was conducted on , , and at Safe Harbor Assisted Living Resort, License #9568. The facility was not in compliance during this inspection. The facility had one uncorrected deficiency (A0152).

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 comfortable living environment to the residents by not ensuring its architectural, electrical and life safety systems were properly implemented.

The findings are:

In an observation on , from 12:45 PM to 6:00 PM, the following concerns were noted::

- The facility's wooden perimeter fencing throughout its property was recently replaced.
- The facility's front gate had an electronic access control device which was recently replaced.
- The facility's north building had a high-voltage electrical panel which was mounted on its south-facing exterior wall and was exposed to moisture.
- Resident # had a wall which was peeling and discolored around its north-facing window.
- Resident # had a fire smoke detector which did not have a battery connected to it.

In an interview with the facility maintenance contractor on at 1:20 PM, he stated that the facility's fence replacement and installation of the front gate access control system was performed without any building or life safety permitting from the city of Fort Lauderdale.

In an interview with the administrator on at 5:45 PM, she stated that she was not aware if the high-voltage electrical panel mounted on the facility's exterior wall needed to be protected from the elements. She stated that she was not aware of the resident's being in disrepair or the smoke detector not having a battery.

In an interview with the city of Fort Lauderdale building inspection permitting coordinator on at 11:15 AM, he stated that the facility did not have a fencing replacement permit on file. He stated that the facility did not have any other building or life safety permits on file and that it was required to file for

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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additional permitting to ensure its front gate electronic access control device replacement was replaced according to local code and to prevent other unsafe electrical or architectural issues. During an additional observation while on tour of the facility, conducted on at 8:45 AM, the following concerns were noted: 1. Dining - no support - ceiling tiles are caving in multiple areas 2. 2 different areas of the ceiling missing ceiling tiles 3. All base boards, walls and doors in dining chipped, cracked, dirty and scratched. 4. Dining is broken by the front dining 5. (between and 8) the toilet does not flush 6. Has a leak in the roof by the a/c vent, ceiling in disrepair surrounded with brown stains, cracks in wall and chipped paint 7. - large amount of trash underneath the vanity, no waste basket for resident to put trash in. 8. Has a leak in the roof by the a/c vent, ceiling in disrepair surrounded with brown stains, cracks in wall and chipped paint 9. - wall was leaking, wall has been fixed but is in disrepair, chipped, cracked paint with brown discoloration. During an interview with the Administrator and Manager on at 11:40 AM they confirmed all the findings and provided no additional explanation. Class III		