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	AL11965179	**09/21/2016**
NAME OF PROVIDER OR SUPPLIER **SAFE HARBOR ASSISTED LIVING RESORT**	STREET ADDRESS, CITY, STATE, ZIP CODE **1320 SW 26TH STREET** **FORT LAUDERDALE, FL 33315**	

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0000 - Initial Comments

An unannounced Change of Ownership (CHOW) survey with Limited Mental Health (LMH) in conjunction with a complaint survey CCR# 2016007856 was conducted on , at Safe Harbor Assisted Living Resort (License #9568). The facility had deficiencies at the time of the visit.

See separate report for findings for the complaint.

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

Based on observation, interviews, and record review, it was determined the facility failed to encourage residents to participate in activities , provide an ongoing activities program and post an activity calendar in a common area where residents normally congregate.

The findings include:

During the tour of the facility on there was not an activity calendar posted for resident reference. During observations on from 09:00 AM- 4:00 PM, there were no activities observed being provided by the facility to the residents.

During interviews conducted on between the hours of 9 and 2 PM with Resident# 6,#7 and #8 , they confirmed that the facility does not offer any organized activities.
In an interview conducted on at 1:54 PM with the family of Resident #5, she stated that whenever she visits that there are never any activities taking place.

In an interview conducted with the Administrator on at 4:06 PM, she acknowledged the findings.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, record review and interviews, the facility failed to ensure that the medication observation record (MOR) was updated soon after assisting Residents with self-administration of medication as evidenced by missing signatures on 9 out of 30 residents' MOR reviewed (Residents #1,

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#3, #5, #7, #10,#11, #12, #13 & #14).

The findings included:

At 11:00 AM, thereafter the environmental tour, and while observing a certified nursing assistant (Employee A) getting ready to assist one resident with taking her medications, a random review of the MOR was conducted to ensure that the record was accurate. It was then noted that nine of the MORs were not signed. The following was noted.

a) Resident # 7: Benzotropine 1 mg tablet.-take 1 tablet by mouth twice daily 8:00 AM and 5 PM. There was no signature for the required dose on and there were no signatures to indicate that the resident had taken the 5 PM dose from the first to the 15th and the 17th-21st of the month of 2016. There were no signature on the 21st of (the day of the survey) to indicate this medication was administered, 2.5 mg tablet- take one table by mouth daily at 7:00 AM was administered.

b) Resident #5: 100 mg capsule -take 1 capsule my mouth daily at 8:00 AM, there was no signature for the 21st of 30 mg tablet-take 1 tablet by mouth every 8 hrs (8:00 AM, 4 PM and 12:00 AM), there was no signatures for the month of for the midnight dose on the 12th and 13th and on the 18th through 20th .

c) Resident #10 : 2 mg tablet - take 1 tablet by mouth twice daily at 8:00 AM and 5:00 PM); (PSY) 25 mg tablet - take 1 tablet by mouth daily at 7:00 AM. There was no signature for the morning dose of .

d) Resident #1: 20 mg tablet - take 1 tablet by mouth daily at 7:00 AM. ; 250 mg tablet - take 1 tablet by mouth twice daily at 8:00 AM and 5:00 PM. There was no signature for the morning dose of .

e) Resident #11: 1 mg - once daily by mouth at 8:00 AM; Fibrozil 600 mg -take one tablet by mouth twice daily 8:00 AM and 5:00 PM; 15 mg - take 1 twice daily and Polyethylene - take one packet mix with water once daily 8 AM. The MORS were blank for the medications for & .

f) Resident #12 : 20 mg capsule - take 1 capsule by mouth twice daily ; there were many missing signatures for ; ; ; and). 10 mg tablet - take 1 tablet by mouth daily; no signature for .

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g) Resident #5: [redacted] 500 mg tablet -take 1 tablet by mouth twice daily, no signature for [redacted]; [redacted], 0.5 mg tablet, numerous signatures missing for various dates; [redacted] 10 mg tablet -take 1 tablet by mouth every night, missing signature on [redacted].

h) Resident #14: [redacted], [redacted] 10 mg tablet -take 1 tablet by mouth three times a day with meals, many missing signatures; [redacted], [redacted] 20 mg tablet - take 1 tablet by mouth daily, multiple days with no signatures; [redacted] 500 mg tablet -take 1 tablet by mouth three times a day with meals , numerous missing signatures); [redacted] Xl 30 mg tab ER 24 - take 1 tablet by mouth daily , missing numerous signatures.

Review of the aforementioned MORs confirmed that Employee A and other medication techs had randomly signed the MOR for some of the medications but omitted to sign the MOR to indicate that all medications were given as order. During random interviews conducted with some of the residents and employees during the day revealed that the residents never run out of medications and that they always receive their medications.
During an interview with the Administrator and the Manager following the observation , they provided no additional information.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview the facility failed to ensure that an Administrator who supervises more than one facility ,appoint in writing a separate manager for each facility who is not a manager at another facility or who is [redacted], not an administrator of any other facility and has completed the core training and core competency test requirements within 90 days after becoming employed as a manager.

The findings include:

A review of the Florida Health Finder website revealed that the Administrator /Staff F is listed as the administrator of 2 assisted living facilities.

In an interview conducted with the Manager on [redacted] at 09:00 AM during the entrance conference she confirmed that the administrator is the administrator of two assisted living facilities, and that she is

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the manager of this facility and has not completed her core competency test requirement.

A personnel record review conducted on revealed that Staff D/ Manager, with a hire date of , lacked documentation indicating completion of the required core training or core competency test requirement.

In an interview conducted on at :04:06 PM with the Administrator she confirmed that she is the administrator of two assisted living facilities and that Staff D is the appointed manager at this facility , her hire date as the manager was and she is in the process of completing her core competency test requirement.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview the facility failed to ensure that a staff member who has completed courses in First Aid or ( ) and holds a currently valid card documenting completion of such courses was present in the facility at all times for 1 of 4 (Staff C) staff records reviewed.

The findings include:

A review of the personnel file for Staff C, Direct care aide, revealed the file lacked documentation of a current valid card documenting completion of courses in First Aid or .

A review of the facility's staffing schedule revealed that, Staff C works Sunday - Thursday from 11:00 PM- 7:00 AM and is the only staff scheduled to work at the facility during those days and times .

In an interview conducted on at 4:06 PM with the Administrator she reviewed the file and acknowledged the findings.

Class III

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

Based on record review and interview, the facility failed to ensure that all direct care staff members who are not core trained received the required in-service training's within 30 days of employment, for 4 out of 4 sampled employees' records reviewed (Staff A , Staff B, Staff C and Staff D)

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The Findings Include:

1) A personnel record review conducted on revealed that Staff A/ direct care aide with a hire date of , Staff B/ direct care aide, with a hire date of , Staff B/ direct care aide, with a hire date of and Staff D/ manager with a hire date of lacked documentation indicating the employee received the required in-service training's within 30 days of hire covering :
a) Elopement procedures
b) Resident rights in an assisted living facility
c) Recognizing/Reporting , Neglect and
d) Reporting major and adverse incidents
e) Facility emergency procedures including chain of command and staff roles to emergency evacuation

A review of the facility's staffing schedule revealed that Staff A works Tuesday - Saturday from 8 AM-4:30 PM , Staff B works Sunday 2:30 PM-11:00 PM,Monday 7:00 AM- 3:30 PM and Wednesday-Friday 11:00 AM-7:30 PM, Staff C works Sunday - Thursday from 11:00 PM- 7:00 AM and Staff D works Monday- Friday 8:00 AM- 4:30 PM.

In an interview conducted on at 4:06 PM with the Administrator she reviewed the files and acknowledged the findings.

Class

0082 - Training - / - 58A-5.0191(3) FAC

Based on observation, record review and interview, it was determined that the facility failed to ensure that all staff members had received the required / (/) training for 1 out of 4 sampled staff records reviewed (Staff D) .

The findings include:

A personnel record review conducted on revealed that Staff D/ Manager, with a hire date of , lacked documentation indicating completion of the required / (/) training .

A review of the facility's staffing schedule revealed that, Staff D works Monday- Friday 8:00 AM- 4:30 PM.

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In observations conducted on throughout the day, Staff D was observed directly interacting with the residents.

In an interview conducted on at 4:06 PM with the Administrator she reviewed the files and acknowledged the findings

Class

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observation, record review and interview, the facility failed to ensure that 1 out of 4 staff members (Staff A) received the initial 4 hour training on Assistance with Self-Administered Medication and Medication Management.

The Findings Include:

In an interview conducted on at 10:15 AM with Staff A, she stated that she is the staff member that provided assistance with self administration of medications earlier today and will be providing assistance again with self administration of medications at 1:00 PM.

In an observation conducted on at approximately 1:10 PM Staff A was observed assisting multiple residents with self administration of medications.

A personnel record review conducted on revealed that Staff A/ direct care aide with a hire date of , lacked documentation indicating the employee received the required initial 4 hour training on Assistance with Self-Administered Medication and Medication Management.

In an interview conducted on at 4:06 PM with the Administrator she reviewed the files and acknowledged the findings.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, it was determined that the facility failed to ensure that all staff members had received 1 hour of training on the facility's policy and procedures regarding Do Not

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Orders ( ), for 2 out of 4 sampled staff records reviewed (Staff C and D) .

The findings include:

A personnel record review conducted on revealed that Staff C, with a hire date of and Staff D, with a hire date of lacked documentation indicating completion of 1 hour of training in the facility's policy and procedures regarding within 30 days of employment.

A review of the facility's staffing schedule revealed that, Staff C works Sunday - Thursday from 11:00 PM- 7:00 AM and Staff D works Monday- Friday 8:00 AM- 4:30 PM.

In an interview conducted on at 4:06 PM with the Administrator she reviewed the files and acknowledged the findings.

Class

0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC

Based on observation, interviews, and record review, it was determined the facility failed to monitor the quality of resident diets for 1 of 1 (Resident #5) residents. As evidenced by the resident was served a puree diet without a physician order and administration unaware that he was being served a therapeutic diet.

The findings include:

In an interview conducted on at 11:00 AM with the Manager, she stated that the facility currently has no residents on a puree or mechanical soft diet.
In an observation of the lunch meal conducted on at 12:20 PM, the food service designee was observed pureeing one lunch with the meat loaf and rice together, further observation revealed that the puree meal was served to Resident #5.
In a subsequent interview conducted on at 1:00 PM with the Manager, she stated that Resident #5 should not have been served a puree diet that they did not have a physician order for one and was unaware that he was being served a therapeutic diet.
In an interview conducted on at 1:54 PM with a representative for Resident #5, they stated that were unaware that the resident is served a puree diet, and did not understand why, because he had all his and did not need his meals pureed.
In an interview conducted with the food service designee, on at 1:10 PM, she confirmed that

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Resident #5 was served a puree diet at lunch.
A review of Resident #5's record and AHCA for 1823 revealed that the resident is on a regular diet.

Class III

0120 - Fiscal - Financial Stability - 429.17(3) FS: 429.275(1)58A-5.021(1) FAC

Based on record review and interview, the facility failed to prove that they were operating on a sound financial basis to ensure adequate resources were available to meet the resident ' s needs. As evidenced by the facility failure to provide banking information to ensure bills were being paid, and a history of delinquent utility bills with service disconnections.

The findings include:

A review of the facility's electric bills from . . . . . revealed that the facility has two separate accounts:
1) Account #1 had a past due balance on . . . . . of $222.84, on . . . . . of $725.18, on . . . . . of $907.42 and on . . . . . of $617.46. On . . . . . the facility incurred reconnection charges of $17.66 and a late payment charge of $5.00. On . . . . . the facility incurred a returned payment charge of $30.00, a field collection charge of $5.11 , a returned payment of $223.00 and a late payment charge of $14.22. On . . . . . the facility incurred a late payment charge of $13.61.
2) Account #2 had a past due balance on . . . . . of $99.38, on . . . . . of $247.02, on . . . . . of $907.42 and on . . . . . of $617.46. On . . . . . the facility incurred reconnection charges of $17.66 and a late payment charge of $5.00. On . . . . . the facility incurred a late payment charge of $5.00. On . . . . . the facility incurred reconnection charges of $17.66 and late payment charge of $5.00.
A review of the facility's water bills from . . . . . revealed that the facility has three separate accounts:
1) Account #1 had a continuous past due balance from . . . . . , on . . . . . the past due balance was $263.34, the facility incurred penalty charges on . . . . . of $1.41, on . . . . . of $2.83 ,on . . . . . of $1.18 and on . . . . . of $2.60.
2) Account #2 had a continuous past due balance from . . . . . , on . . . . . the past due balance was $1223.48, the facility incurred penalty charges on . . . . . of $3.06, on . . . . . of $3.95 and on . . . . . of $7.96.
3) Account #3 had a continuous past due balance from . . . . . , on . . . . . the past due balance was $1387.98, the facility incurred penalty charges on . . . . . of $3.99, on . . . . . of $3.96 and on . . . . . of $8.46.
In an interview conducted on . . . . . at 1:40 PM with the Financial Officer, she stated that she is only

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allowed to pay what she is authorized to pay, and confirmed that the utility bills due run with past due balances.
In an interview conducted on at 1:45 PM with the Manager, she confirmed that the electric was disconnected at one point , but that it was only for a matter of hours, as they immediately made a payment to have them turned back on.

Class III

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

Based on observation and interviews, the facility failed to maintain a safe and sanitary living environment free of hazards. It also failed to ensure that all mechanical and electrical equipment were in good working order.
The findings included:
An environmental tour was conducted at the facility on from 10:00 AM to 11:00 AM alongside the Administrator. It was observed that the facility was not maintained in a safe homelike manner, the following was noted.
1) At the entrance of the facility, there were overgrown shrubs that surrounded the property and the grass in the yard was not maintained or mowed. The grass grew up to the facility surrounding the entrance and became part of the structure.
2) In there were water spots observed on the ceiling, and the window was broken
3) In the paint on the ceiling was peeling and the plaster was flaking; the air conditioning vents contained black like stains and were grossly dirty.
4) The to had no light and no toilet paper. The extremely dirty.
5) The AC vents in were utterly dirty with mold like substance.
6) The to and 8 was clogged up (feces exposed). The door was closed but there was no sign posted that the out of order.
7) In the vents were overly covered with dust.
8) In , the resident ' s bed headboard was broken.
9) The ceiling in was leaking; water drops were observed falling down on the resident ' s mattress and on the floor. The resident put t-shirts on the floor and on the mattress to absorb the water.
10) The walls in the common area/activity peeling and scraped paints; there entrance door was heavily soiled stained with black marks.
11) The wooden fence lining perimeter of the facility was in disrepair having many broken areas leaving the sharp wood exposed.
12) There was an unused refrigerator discarded outside at an unkempt resident ' s leisure area.
13) The AC in the dining not working, area noted to be extremely hot in the .

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