STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967320	R 06/20/2018
NAME OF PROVIDER OR SUPPLIER **PEACE HAVEN ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1090 DOUGLAS STREET SE** **PALM BAY, FL 32909**	

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

0000 - Initial Comments

A revisit to the RE-licensure survey was conducted on , 2018. Peace Haven Assisted Living Facility, license #1131, had deficiencies at the time of the revisit.

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

Based on record reviews and interview, the facility failed to honor resident's rights and failed to provide 1 of 4 sampled residents (#5) with at least 45 days' notice of relocation or termination of residency from the facility.

Findings:

On at 9 a.m. the administrator said resident #5 was discharged from the facility on and relocated to another Assisted Living Facility because she was told by a representative of the Agency that since the facility's license had expired, it would be closed down and all residents who received Medicaid would have to be discharged. She said she did not provide the resident with the required 45-day notice to discharge because she believed she would be fined by the Agency if she did not immediately discharge the resident.

Review of the facility's admission and discharge log on at 9:10 a.m. revealed resident #5 was discharged from the facility on and the reason listed was that the facility was closing. The administrator said although the reason listed indicated the facility was closing, she decided against it.

Resident #5's record did not contain documentation to indicate the required 45-day notice of discharge was given. Additionally, the record did not contain documentation to indicate the resident was certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or that the resident engaged in a pattern of conduct that was harmful or offensive to other residents.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on review of medication containers, record review and interview the facility failed to ensure a medication container was properly labeled for a resident (#3) who received assistance with

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self-administered medications.

Findings:

A review of resident #3's medication containers on at 11:24 a.m. revealed an over the counter bottle of , 81 milligram (mg) tablets. The bottle was observed to contain the manufacturer's label. The labeled did not contain resident #3's name, as required.

On at 11:30 a.m., caregiver A confirmed the finding.

Review of resident #3's 2018 medication observation record contained an entry for , 81 mg, take one tablet by mouth daily and was signed as given from through .

Resident #3's record revealed a facility admission date of . A most recent health assessment form 1823, dated on , indicated she required assistance with self-administered medications.

Class III

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

REMAINED UNCORRECTED

Based on record review and interview, the facility failed to submit its emergency management plan for review and approval to the local emergency management agency annually.

Findings:

Review of the facility's most recent approval letter from the county for its emergency management plan revealed it was dated on .

On at 8:56 a.m. the administrator said her friend was creating the facility's plan however, the plan was not yet completed and had not yet been submitted to the county for approval.

Class III