STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965951	**09/28/2018**
NAME OF PROVIDER OR SUPPLIER **HAVENCREST ALF III**	STREET ADDRESS, CITY, STATE, ZIP CODE **4471 COCONUT CREEK BLVD** **COCONUT CREEK, FL 33066**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on , 2018 at Havencrest ALF III, License #10229. The facility had a deficiency at the time of the visit.

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

Based on observation, record review and interview, the facility failed to conduct an ongoing daily activities program for resident needs abilities and interests, for 6 out of 6 residents.

The findings included:

While conducting confidential interviews at the facility, it was stated that they would like to see some mental stimulation taking place in the facility. Any type of activities would be fine according to the interviewees. During the survey an activity calendar was observed. The activity calendar stated that on Friday, the facility was supposed to conduct a ball toss from 9AM - 11AM. Upon surveyor observation during the entire survey, there were no activities or entertainment taking place in the facility.

An interview was conducted on at 3:15 PM with the Administrator raising the concern of no observation of activities. The Administrator replied its because AHCA was in the facility and she is aware that she did not do activities. The Administrator acknowledge that she did not do any activities. The Administrator was advised that family members have also had concerns about activities not taking place in the facility. The Administrator acknowledge the findings no further documentation or explanation provided.

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