

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910925	(X3) DATE SURVEY COMPLETED 11/07/2018
NAME OF PROVIDER OR SUPPLIER FAIR HAVENS CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 CURTISS PARKWAY MIAMI SPRINGS, FL 33166	

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

0000 - Initial Comments

A Complaint Survey (CCR#2018014846) was conducted on [redacted] Fair Havens Center Llc. (License # 4859) with Limited Nursing Services had a deficiency identified at the time of the survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28() FS 429.27

Based on record review and interview the facility failed to follow their [redacted] control policies and procedures. Facility exposed Resident # 1 to [redacted] by not [redacted] the [redacted] properly.

Findings included:

On [redacted] at 1:40 PM Administrator about their [redacted] control policies and procedures for control that they did not have a specific one for the use of the [redacted] for multiple residents and that the staff [redacted] the [redacted] with [redacted] wipes before and after using it.

Review the facility policies and procedures for [redacted] control and stated, "equipment or items in the resident environment likely to have been contaminated with [redacted] must be handled in a manner to prevent transmission of [redacted] agents (e.g., wear gloves for direct contact, contain heavily soiled equipment, properly clean and [redacted] or sterilize reusable equipment before use in another resident).

On [redacted] at 2:20 PM Staff B stated, "The [redacted] was only use for Resident # 1 because her [redacted] was broken and it had been not notified to us. Our Nurse told the agency nurses that they have to use the [redacted] that each resident has and that they have to report right away if the [redacted] is broken to order a new one. As soon as we learned that Resident # 1's [redacted] was broken we ordered a new one."

Record review revealed that there was no written documentation of the meeting with the agency nurses.

On [redacted] at 2:41 PM Staff C stated on the phone, "When the nurse from home health agency came [redacted] I [redacted] the [redacted] with a wipe and put it [redacted] in its place in the med cart."

According to the Center for [redacted] Control (CDC), "Whenever possible, [redacted] meters should not be shared. If they must be shared, the device should be cleaned and [redacted] after every use, per manufacturer's instructions. If the manufacturer does not specify how the device should be cleaned and

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910925	(X3) DATE SURVEY COMPLETED 11/07/2018
NAME OF PROVIDER OR SUPPLIER FAIR HAVENS CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 CURTISS PARKWAY MIAMI SPRINGS, FL 33166	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
... then it should not be shared." Review of the _____ manufacturer manual under section "Meter Care, Cleaning and _____" reads "To Clean and _____ the Meter: To Clean make sure meter is off and a test strip is not inserted. With ONLY PDI Super Sani Cloth Wipes, rub the entire outside of the meter using 3 circular wiping motions with moderate pressure on the front, _____, left side, right side, top and bottom of the meter. Discard used wipes. To _____: Using fresh wipes, make sure that all outside surfaces of the meter remain wet for 2 minutes. Make sure no liquids enter the Test Port or another opening in the meter. Let meter air dry thoroughly before using to test. Lancing Device Care, Cleaning and _____: To clean with ONLY PDI Super Sani Cloth Wipes, rub the entire outside of the lancing device using 3 circular wiping motions with moderate pressure. Discard used wipes. To _____ using fresh wipes, make sure that all outside surfaces of the lancing device remain wet for 2 minutes. Let lancing device air dry thoroughly before using to test. Replace end cap. Gently pull _____ and release arming barrel and press the trigger button. A click will be heard if the lancing device is functioning properly." Class III		