STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911682	**01/08/2019**
NAME OF PROVIDER OR SUPPLIER **OAK HAVEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **9040 STAR TRAIL** **NEW PORT RICHEY, FL 34654**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

An unannounced Biennial Survey was conducted on . . . . . at Oak Haven Assisted Living Facility (License 7684).

Deficiencies were identified at the time of the visit.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview the facility failed to ensure that a medication cabinet located in the dining room where resident medication was stored was locked and inaccessible to residents and visitors while unattended.

Findings included:

On at 10:03 am, a cabinet located in the resident dining room was observed unlocked. Medications were observed inside of the cabinet. No staff were present in the room.

Multiple medication . . . packs were present in a bin within the cabinet and included: . . . . . 100 milligrams for Resident #4. Also present was a bottle of liquid ⌄ and ⌄ medicine.

The Administrator was shown the unlocked cabinet at 10:11 am. He then asked Staff A about the unlocked cabinet. She stated that she was in the cabinet on this morning and forgot to lock it.

Class III

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

Based on observation and interview the facility failed to ensure residents were provided a sanitary method of drying their . . . in one out of two common bathrooms and that chemicals were stored in a secure area in one out of three bathrooms used by residents.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911682	01/08/2019
NAME OF PROVIDER OR SUPPLIER **OAK HAVEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **9040 STAR TRAIL** **NEW PORT RICHEY, FL 34654**	

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

On during the initial tour at 9:00 am, two towels were observed lying on the sink and toilet tank in a resident common bathroom located in the front seating area. There were no paper towels available in the bathroom.

had a bottle of toilet cleaner sitting on the floor in the bathroom next to the toilet.

At 12:10 pm, staff member A stated that there were several residents who had thrown paper towels into the toilet, which then clogged the toilet. She said that was the reason that cloth towels were used for drying . She confirmed residents currently used the bathroom. Residents were observed using the bathroom throughout the day.

At 3:30 pm, a tour was conducted with the Administrator. He was shown the bottle of toilet cleaner sitting on the floor next to the toilet in # . He was also shown the bathroom with no paper towels. A towel was present on the sink. He said that when residents used paper towels, they put them in the toilet clogging it up. He acknowledged that the use of a shared towel was not a sanitary method of drying .

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on interview and record review the facility failed to ensure that one (B) out of three employees reviewed were entered on the Agency for Health Care Administration Clearinghouse Employee Roster.

Findings included:

A record review of the Agency for Health Care Administration Clearinghouse Employee Roster on revealed that Employee B was not included on the Employee Roster.
Employee B had a hire date of .

At 3:15 pm, the Assistant Administrator/Marketing and Operations Manager was shown the online Background Screening Roster where staff B's name was not present. She stated that she thought she had added her. The Administrator was then shown the Roster. He said that the Assistant Administrator would have been the one who would have added her. He said that the employee had been working at

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911682	**01/08/2019**
NAME OF PROVIDER OR SUPPLIER **OAK HAVEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **9040 STAR TRAIL** **NEW PORT RICHEY, FL 34654**	

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

the facility for a long time.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview the facility failed to ensure that one (A) out of three employee files reviewed had a current Level Two Background Screening completed within five years of the last eligible screening date.

Findings included:

On , employee files were reviewed. Employee A had a hire date of . The Background Screening Result form located in the employee file had an eligibility determination date of .

At 2:30 pm, the Assistant Administrator/Marketing and Operations Manager who had provided the employee files provided a request she had put in on this day for another Level Two Background Screening for employee A. She confirmed that the Background Screening had not been completed.

Unclassifed

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on interview and record review the facility failed to ensure that 3 (A, B, D) out of 3 employee files reviewed had a dated Attestation of Compliance with the Background Screening Requirement forms.

Findings included:

On , an employee background screening review was completed for three employee files. None of the three employees reviewed had dated their Attestation of Compliance with Background Screening Requirement forms.

Employee A had a hire date of .
Employee B had a hire date of .
Employee D had a hire date of .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911682	**01/08/2019**
NAME OF PROVIDER OR SUPPLIER **OAK HAVEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **9040 STAR TRAIL** **NEW PORT RICHEY, FL 34654**	

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

An interview was conducted with the Assistant Administrator/Marketing and Operation Manager at 2:30 pm. She acknowledged the employees had not dated the forms.

Unclassified