STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968577	01/15/2019
NAME OF PROVIDER OR SUPPLIER **HAVENCREST ON THE LAKE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1290 NW 8TH STREET** **BOCA RATON, FL 33486**	

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

0000 - Initial Comments

A licensure complaint survey (CCR#2018015942) was conducted from to at Havencrest On The Lake, (License # 12444). Havencrest On The Lake had deficiencies identified at the time of the survey.

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

Based on record review and interview, it was determined that the facility failed to ensure that all staff had received the required one hour training in Incident Reporting and one hour training in Nutritional & Safe Food Handling for 1 out of 2 sampled employees (Staff B).

The findings included:

On the personnel files for Staff Staff B was reviewed and the following was revealed:

Staff B's file (hire date) was reviewed for documentation of the one hour training in Incident Reporting and one hour training in Nutritional and Safe Food Handling. No documentation of the training's were in the file.

The Assistant Administrator during an interview at 3:24 PM on acknowledged the findings and provided no further information for review.

Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on record review and an interview, the facility failed to ensure that staff members who have completed courses in both First Aid and , and holds a currently valid card documenting completion of such courses, were in the facility at all times , reviewed for 2 of 2 sampled staff (Staff A and Staff B).

The findings included:

a)Review of the personnel file for Staff A who work during the 7:00 AM to 7:00 PM shift revealed no current training with the a valid card in First Aid or . Staff A was hired on .

b) Review of the personnel file for Staff B who works during the 7:00 AM to 7:00 PM shift revealed no

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current training with valid card in First Aid or . Staff B hired on .

The Assistant Administrator during an interview at 3:24 PM on acknowledged that the documentation of training in First Aid and was not present and available for review. A request was made for documentation of training in both First Aid and for at least on staff in the facility at all times, reflected on the facility's staffing schedule. The facility provided no additional documentation of the required training for review at this time.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled unlicensed staff members (Staff A) who provided assistance with self-administration of medication had successfully completed a minimum of 6 hours of initial training. Staff A has completed a minimum of 2 hours in continuing education training annually on providing assistance with self-administration medication and safe medication practices in an Assisted Living Facility (ALF).

The findings included:

On the personnel file for Staff A was reviewed for documentation in training in providing assistance with self-administered medications. After the employee record review of Staff A, it was determined that Staff A did not complete the initial 6 hours of training. Surveyor informed the Assistant Administrator and the she understood that the training needed to be completed.

The Assistant Administrator during an interview at 3:24 PM on acknowledged the findings and provided no further information for review.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on interview and record review, the Assisted Living Facility (ALF) failed to maintain records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity.

The findings included:

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On at 9:15 AM a request was made to Staff A for Resident Records # 1 - # 5 and the grievance logs. On at 10:30 AM Staff A stated that the office is locked with certain files (requested files) in it and she does not have the key. Staff A stated that the key is normally at the facility but she did not work over the weekend and she did not know where the key was located. On at 11:22 AM Staff A, stated that she only had Resident Records #1 - # 3. She stated that she could not locate Resident Record # 4, Resident Record # 5, and the grievance logs. On at 11:25 AM Staff A called the Assistant Administrator, she stated she would arrive in 35 minutes. The Assistant Administrator stated that she thinks she has the key to the office in her jacket which is in her car. She stated that she is stuck in traffic and she will be at the facility soon. The Assistant Administrator arrived to the facility on at 12:23 PM. The records were unavailable to the surveyor for 3 hours. During further interview with the Assistant Administrator , portion of the file where still missing (no 1823, no observation notes, etc.), it was stated that the Administrator took the file home to document and update, exact date unknown. However, the Administrator according to the Assistant Administor was unavailable. Therefore, the Administrator was not able to provide all requested documentation until .

The Assistant Administrator during an interview at 3:24 PM on acknowledged the findings and provided no further information for review.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on interview and record review, it was determined the facility failed to ensure that each staff member must contain an employment application with references as required for 1 out of 2 sampled staff records (Staff A).

The findings included:

An employee record review was conducted on . No documentation of an application with references as required for Staff A (hire date of).

During an interview with the Assistant Administrator, on at 3:24 PM, she stated that the information was previously in the file and she is not sure why the information was not presently in the file. The Assistant Administrator confirmed the findings. No additional information was provided.

Class III

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0162 - Records - Resident - 58A-5.024(3) FAC

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 2 out of 5 sampled resident records were maintained on the premises for Resident # 4 and Resident # 5 as evidenced by the records not being available for review.

The findings included:

On at 9:15 AM a request was made to Staff A for Resident Records # 1 - # 5. On at 11:22 AM Staff A stated that she only had Resident Records #1 - # 3. She stated that she could not locate Resident # 4 record and Resident # 5 record. On at 12:23 PM Surveyor made a second request for Resident # 4 record and Resident # 5 record to the Assistant Administrator. The Assistant Administrator never provided the records.

During an interview with the Assistant Administrator at 3:24 on the surveyor informed the Assistant Administrator that the two Resident Records for Resident # 4 and Resident #5 were never submitted. The Assistant Administrator stated that the records are not at the facility. The Administrator took the records with him because there was some additional work that needed to be done to the records. The Assistant Administrator was informed that records are to remain on the premises. No additional information was presented at this time.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review, observation, and interview, the facility failed to maintain the minimum amount of fuel onsite required for the operation of the alternate power source and failed to notify each resident/resident representative in writing of the emergency plan.

The findings included:

During an interview with the Assistant Administrator, on at 2:45 PM, she stated that she only had 5 hours of gas onsite and she could not determine the amount of gallons. It was further revealed that the facility has not notified the residents and their representative in writing of the facility's implementation of the plan. At 2:53 PM the Assistant Administrator stated that she has spoken to the family members but she has not put anything in writing.

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During an interview with the Assistant Administrator, on at 3:24 PM, she confirmed the findings. No additional information was provided.

Class III

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

Based on record review and interview, the facility failed to maintain the employment status of all employees within the Background Screening Clearinghouse for employment status, 2 out of 2 staff members (Staff A and Staff B).

The findings included:

A review of the current facility's staff roster and staff schedule that was provided by Staff and compared to the facility's Employee Roster on the Background Screening Clearinghouse revealed that all current staff members were not registered. The following Staff Members were not listed in the Clearinghouse:

1) Staff A Hire Date:
2) Staff B Hire Date:

During an interview with the Assistant Administrator, on at 3:24 PM, she acknowledged the findings and provided no additional information.

Unclassified

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

Based on interview and record review, the facility failed to ensure all staff members had an Agency for Health Care (AHCA) Level II background screening conducted every 5 years, for 1 of 2 sampled staff files reviewed (Staff A).

The findings include:

On a record review of Staff A's employee file, hire date revealed a background screening in the file that did not show eligible. The background screening showed awaiting privacy policy. A review of Staff A's AHCA Level II Background Screening (BGS) on the BGS website revealed

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no background screening found on file.

During an interview with the Assistant Administrator on at 3:24 PM, it was stated that Staff A is eligible but does not have a background screening in the file. The Administrator acknowledged the findings, no further documentation was provided at this time.

Unclassified

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

Based on employee record review and a staff interview, the facility failed to obtain a background screening compliance attestation affidavit in the employee file for 1of 2 sampled employees reviewed (Staff A).

The findings included:

On , during a record review for Staff A, the employee record revealed the following. Staff A Hire Date , no Background Screening Attestation Affidavit in the employee record.

An interview was conducted with the Assistant Administrator on at 3:24 PM. At this time the Assistant Administrator could not provide any additional documentation.

Unclassified