STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965179	**12/26/2018**
NAME OF PROVIDER OR SUPPLIER **SAFE HARBOR ASSISTED LIVING RESORT**	STREET ADDRESS, CITY, STATE, ZIP CODE **1320 SW 26TH STREET** **FORT LAUDERDALE, FL 33315**	

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

0000 - Initial Comments

An unannounced licensure complaint survey (CCR#2018018162) was conducted commenced on and concluded on at Safe Harbor Assistant Living Resort (License#9568). The facility had deficiencies identified at the time of the survey.

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

Based on observation, record review, and interview, the facility failed to provide a clean, safe, decent living environment, free from pest and ensure that all linens provided by the facility are free of tears, and stains. As evidenced by failing to treat the facility for an ongoing bed bug problem for all sampled residents residing at the facility.

The findings included:

During an interview with Confidential Source #1 on at 10:00 AM, revealed that the facility has had an ongoing infestation of bed bugs for the previous 5 months (since approximately) and that they refused to begin treating until court papers were served for a lawsuit in of 2018.

During an interview with Owner #1 on at 10:47 AM, it was stated that the facility had a meeting with the Department of Health (DOH) right after the inspection and that the inspector stated that he was satisfied with the corrections since the original report on . He came and the report was satisfactory. It was further stated that the facility hired a new company with a good reputation named "Pest Control Company 2". Before we had "Pest Control Company 1". Pest Control Company 2 did a heat treatment and came almost every day for the first 30 days. We have a yearly contract with them and that they provided a mandatory training on identifying, cleaning, and preventing bed bugs.

Review of facility's inspection reports from The Department of Health (DOH) on revealed unsatisfactory reports from the Months of to of 2018 due to the presence of a bed bug infestation throughout the facility. Further review of the reports revealed that the last inspection was conducted on in which the presence of bed bugs were still being found.

On , a facility tour was conducted at 11:14 AM with Owner #1. Observations of one of the infested rooms revealed a bad odor and 3 beds (beds A, B, and C). Bed A located on the left side of the room in the corner was observed to have bed bug feces along the rim of the box spring (photographic

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE HARBOR ASSISTED LIVING RESORT	**1320 SW 26TH STREET FORT LAUDERDALE, FL 33315**

SUMMARY STATEMENT OF DEFICIENCIES
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evidence obtained). No mattress was observed on the bed. Observations of Bed B revealed black spots were observed on the top sheet, and tan colored stains. Bed C also had black spots observed on the residents bed which resembled bed bug feces.
During an interview with facility Staff on between the times 11:45 AM and 2:00 PM, it was stated that the bed bugs were really bad and that since Pest Control Company 2 came last week I have not seen any live ones. It was further stated by multiple staff that they were so bad that bed bugs were found one on my clothes when I went home, but since last week I have not seen any.

A request was made by the surveyor for documentation illustrating steps and procedures the facility implemented in conjunction with the pest control companies to ensure treatment compliance from Owner #1, it was revealed that the facility did not have any documentation. Review of the old and new pest control policies revealed that the facility was to inspect all rooms, the infested ones and encase all mattresses in the rooms. Further review of the polices revealed that the facility was also to provide areas for employees to change into their designated working clothes before heading to their respective offices/servicing areas. Observations from the interview conducted with Owner #1 from above on revealed that the facility did not follow the recommended protocol given by Pest Control Company 1 or Pest Control Company 2 to rid the facility of bed bugs.

Review of the documentation provided by Confidential Source #2, the Facility and Staff throughout both days of the survey revealed that the facility is not following the new policies and procedures provided by either pest control company to completely rid the facility of the bed bug infestation. Staff were aware of the infestation and provided no effort to treat the problem, or follow up with treatment methods to ensure the pest control companies are effective. Record review of sampled residents throughout both days of the survey revealed no documentation in any of the files of residents bitten, or notification to the physicians to assess the residents for any bed bug bites during the duration the facility was undergoing treatment for the bed bugs. Mattress casings are only on select mattresses throughout the facility. The facility does not have a designated room for staff to changed their clothing and keep their belongings to change coming to and from the workplace. There is also no designated area to the Staff's clothing to prevent further spreading of the infestation. Stained linens are not being replaced and ongoing treatment is not being conducted once the bed bugs are no longer visible to the naked .

During an interview with the Administrator on at 3:00 PM, the findings were discussed and acknowledged, no further information was provided for review during this time.

Class II

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

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	AL11965179	**12/26/2018**
NAME OF PROVIDER OR SUPPLIER **SAFE HARBOR ASSISTED LIVING RESORT**	STREET ADDRESS, CITY, STATE, ZIP CODE **1320 SW 26TH STREET** **FORT LAUDERDALE, FL 33315**	

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

Based on observation, interview and record review, the facility failed to have a Comprehensive Emergency Management Plan (CEMP) approved by the local emergency management agency.

The findings included:

Upon request of documentation from the local Emergency Management Division of an approved CEMP for the year of 2018 through 2019 on and no documentation was ever provided.

During an interview with Owner #2 at 11:00 AM , it was stated that the CEMP was resubmitted to the County and that we should have it . . . before the end of the year and also that the Administrator has the information for the CEMP.

Upon requesting documentation from the Administrator on at 11:37 AM for the last approved CEMP, it was stated that I do not have any knowledge of the CEMP because that stuff is taken care of by the Owners.

During an additional interview with Owner #2 and the Administrator on at 9:55 AM, both staff were informed that neither staff member has been able to provide any documentation of the CEMP , the submission dates, or the last time a CEMP has been approved from the local Emergency Management Division. Owner #2 stated during this time that I will sit at the office tomorrow hoping the lady comes out for the CEMP to find out what's going on. The findings were discussed and acknowledged with both staff, no further information was provided for review during this time.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review, and interview, the facility failed to maintain a sufficient alternate power source (generator) on site and have an approved Emergency Environmental Control Plan (EECP) implemented that provides notification of the plan in writing to each resident and the resident's legal representative in the event of a loss of electrical power.

The findings included:

Review of the information submitted to the Agency for Health Care Administration (AHCA) revealed that the facility had an extension to obtain an alternate Emergency Power source dated until .

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SUMMARY STATEMENT OF DEFICIENCIES
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Upon completing a Generator Assessment for the facility on documentation was requested to review the facility's EECP form approved by the Local Emergency Management Division. Throughout the duration of the survey for that day, no documentation was ever provided.

Upon request from the Owners and the Administrator to observe the Generator, it was stated by Owner #2 over the phone on at 9:55 AM, that the Generator is in Atlanta and that the generator is supposed to be here either today or tomorrow. The person that hooks up the gas should be here on Thursday. It was stated that they were supposed to be here this past Saturday but the generator is not here yet.

During an interview with the Administrator on at 10:02 AM it was stated that the owner did not get the generator. He said it would be here by Monday which is today. When asked what do the staff do in an emergency? it was stated that the Owner brings two portable generators that run the a/c in the dining room area and in the area, and also they bring in fans. During this time the Administrator verified that in the event of a loss of electrical power, the staff will have to wait for the Owners to bring the generators on site to the facility, and that until then, the staff will have no way of keeping air temperatures at or below 81 degrees Fahrenheit to keep the residents cool. The findings were discussed and acknowledged, no further information was provided for review during this time.

Class III