STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968028	**04/02/2019**
NAME OF PROVIDER OR SUPPLIER **K'S HAVEN, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7813 SW 8TH COURT** **NORTH LAUDERDALE, FL 33068**	

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

0000 - Initial Comments

An unannounced abbreviated Relicensure survey was conducted on at K's Haven, Inc., License #12019. The facility had deficiencies at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on interview and record review, it was determined the facility failed to ensure that each staff member submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable including ( ) annually, for 2 of 3 sampled employee records reviewed (Administrator and Staff A).

The Findings Included:

During personnel record review on for three staff members indicate the Administrators file and Staff A did not have documentation from a health care provider stating; that the individual does not have any signs or symptoms of communicable , including annually.

Administrator hire date of and the last statement found in record dated only states free of communicable and no documentation regarding an update on status.

Staff A hire date of and the last statement found in record dated only states free of communicable and no documentation regarding an update on status.

The Administrator confirmed the findings and no further documentation or information provided.

Class III

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

Based on record review and staff interview, the facility failed to ensure 1 of 3 staff members has a completed course in First Aid/ and holds a currently valid card documenting completion of such courses (Staff B).

The findings include:

During employee record review for Staff B (hire date of hire date), there was no documentation

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968028	**04/02/2019**
NAME OF PROVIDER OR SUPPLIER **K'S HAVEN, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7813 SW 8TH COURT NORTH LAUDERDALE, FL 33068**	

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

contained within the employee's file, showing completed an approved course in First Aid/ and holds a currently valid certification card (expiration date of)

Review of the facility's staffing schedule for Staff B reveals, she works from 7:00 PM -7:00 AM alone with the residents. Therefore, required to have a valid First Aid/ certification. The Administrator acknowledged and confirmed the findings and no further documentation provided during the survey.

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 3 out of 3 sampled unlicensed staff members (Administrator; Staff A and B) who provided assistance with self-administration of medication had successfully completed the additional 2 (two) hours medication training on the required updates effective .

The findings included:

On at 2:30 PM, the personnel file for the Administrator; Staff A; and Staff B was reviewed for documentation of training in providing assistance with self-administered medications and safe medication practices in an ALF (Assisted Living Facility). There was documentation of the initial 4(four) hour training and 2 hour annual update conducted by a Pharmacist or Registered Nurse (RN) present in the file for this unlicensed resident aide who provided assistance with self-administration of medication to residents. During an interview with, Staff A on at 10:30 AM, she stated that she assists in medication to residents and successfully completed the initial 4 (four) hour course but did not take the required additional 2 hour medication course effective regarding ; and kits/cuff.

Administrator hire date of ; initial 4 hour medication course/ last 2 hour annual update on

Staff A hire date of ; initial 4 hour medication course on

Staff B hire date of ; no documentation of medication training

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968028	04/02/2019
NAME OF PROVIDER OR SUPPLIER **K'S HAVEN, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7813 SW 8TH COURT** **NORTH LAUDERDALE, FL 33068**	

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

The facility failed to ensure all current unlicensed staff providing assistance with medication for residents receive and complete the required additional 2 hour medication training effective that focuses on , , , , and , kits/cuff. The Administrator acknowledged and confirmed the findings on and no further documentation or information provided to review.

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 Clearinghouse Background Screening for employment status, for 2 out of 4 staff members; (Staff B; and C).

The findings included:

A review of current facility's staff schedule observed posted on at 9:30am compared to the Clearinghouse Background Screening revealed that 1 (one) current staff member (Staff B) not registered; and 1 (one) former staff member (Staff C) does not include an end date of .

Staff B hire date of
Staff C hire date of

The Administrator confirmed and acknowledged the findings and no further documentation or information was provided.

Unclassified

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

Based on record review and interview, the facility failed to maintain the employment status of all employees by having a current Level II Background Screening, for 1 out of 3 Sample Staff Records Reviewed (Administrator).

The findings included:

An employee record review conducted on revealed the Administrator Level II Background Screening expired on expired . Documentation of a hire date of . The facility failed to

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968028	**04/02/2019**
NAME OF PROVIDER OR SUPPLIER **K'S HAVEN, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7813 SW 8TH COURT** **NORTH LAUDERDALE, FL 33068**	

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

complete a Level II Background Screening every 5 years.

The Administrator confirmed the findings and no further documentation or information provided at that time.

Unclassified