

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965179	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/11/2019
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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**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An Operation Spot Checked monitoring survey was conducted on 06/11/2019 at Safe Harbor Assisted Living Resort. The facility had a deficiency at the time of the survey.	A 000		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest, or other furniture designed for storage of clothing or personal effects; 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during	A 152		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 152	Continued From page 1 use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be This Statute or Rule is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure that all existing, electrical and structural systems were maintained in good working order, the environment was safe, hazard free and clean. The findings included: During the environmental tour conducted with the local fire department and code enforcement on at 10:00 AM accompanied with the Administrator the following were noted: A) 1. # - No blinds at the window. 2. # - No air condition or fan in the room, AHCA Thermostat read 80 degrees. Thermostat in the room was disconnected and displayed a large amount of wires exposed. 3. # has a hole in the ceiling above Bed C, during raining weather the hole drips water on the bed and on the resident. 4. # bathroom vanity door was unable to close. 5. Entry door into # # were rusted at the bottom and had holes for pest to enter in.	A 152		

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A 152	Continued From page 2 6. All bathrooms had large holes in the base boards. 7. All air conditioned wall unit vents were extremely dirty and dusty in resident rooms. 8. All room walls and base boards were extremely dirty and had patches of paint missing from the wall 9. All rooms bed linen (mattress) was extremely soiled with various stains, bed bug feces and other various marking similar to patches of mold. All bed linens are provided by the facility in which most of them had small and large holes within them. 10. Air condition and central A/C unit inside of the dining room was not cooling the dining room. The dining room central A/C was set to cool at 60 degrees. The dining room had three thermostats and all three gave a reading of 80, 81 and 80 degrees. B) The following presented fire hazard violations: 1. Keyed lock from exit doors in dining 2. Extension in all rooms for permanent use, the facility must use surge protectors instead of extensions 3. Replace missing sprinkler wrench in the box 4. Chain sprinkler backflow in the street 5. Trouble signal on fire alarm panel 6. Repair emergency lights to operate on DC	A 152		

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A 152	Continued From page 3 power 7. Correct violations on sprinklers with yellow tags 8. Replace batteries in beeping smoke detectors C)The following are the local code enforcement violations identified during the , survey. 1. Landscaping not maintained. 2. Non - permitted land use in zoning district. 3. Unroofed outdoor storage. 4. Exterior of structure not maintained including fascia boards. 5. Floors, walls, ceilings, roofs, windows, doors and/or building parts not maintained. 6. Overgrowth and/or trash and debris on the property. 7. Electrical wires and accessories not maintained in good safe working condition. 8. Repair and replace window screening. 9. Extermination required (rodents, vermin and other pest). 10. House address numbers not displayed or visible from street. An interview was conducted on at 11:40 AM with the Administrator after the tour, she acknowledged the findings, and stated she will be working with the owners to bring the facility in to compliance and some of the issues such as	A 152		

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A 152	Continued From page 4 the A/C units not working she began correcting immediately. Photographic evidence was obtained. Class III	A 152		