Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965179	A. BUILDING: _____ B. WING _____	R 08/02/2019

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 unannounced revisit to the Operation Spot Check survey was conducted on [redacted] through [redacted] at the Safe Harbor Assisted Living Resort. The facility had uncorrected deficiencies 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 [redacted] to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, [redacted] 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	{A 152}		

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{A 152}	Continued From page 1 commodes must be provided with privacy during 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: A re-visit survey conducted on . . . . . from a spot check survey conducted on . The facility corrected many of the items noted in the citation 0152. A record review of Maintenance log corrected/repair/replace items that were cited. The outstanding items are listed below. During the environmental tour conducted with the Owner on - at 10:00 AM the following were not corrected: 1) . . # bathroom vanity door was unable to close. - in process of replacement 2). Entry door into # # were rusted at the bottom and had holes for pest to enter in. 3) All bathrooms had large holes in the base boards. 4) Replace missing sprinkler wrench in the box - in progress	{A 152}		

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{A 152}	Continued From page 2 5) Chain sprinkler backflow in the street 6) Repair emergency lights to operate on DC power 7) Correct violations on sprinklers with yellow tags 8) Non - permitted land use in zoning district. 9) Unroofed outdoor storage. 10) Exterior of structure not maintained including fascia boards. 11) Floors, walls, ceilings, roofs, windows, doors and/or building parts not maintained./ improvement - however still in progress - the urgent areas completed - minor ones are on-going During an interview with the Owner and Administrator on . . . . . at 2:30 PM, they confirmed the findings. Class III Uncorrected	{A 152}		