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 _____	06/10/2026

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 A unannounced Relicensure with Limited Mental Health (LMH), and Generator Monitoring survey was conducted at Safe Harbor Assisted Living Resort on - . The provider had deficiencies at the time of the visit.	A 000		
A 079	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times	A 079		

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A 079	Continued From page 1	A 079		

when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night.
5. A staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times.
a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement.
b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and .
6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager.
7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement.
8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or

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A 079	Continued From page 2	A 079		

manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule.
9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C.
(c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives.
(d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require

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A 079	Continued From page 3 additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure that staff is fully maintained up to capacity of its current 33 residents which are residing in separate buildings.	A 079		

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A 079	Continued From page 4 The findings included: During review of the facility's Staffing Schedule for by this surveyor, it revealed there is direct care staff on duty during night shift (11:00 PM - 7:00 AM). Observation revealed that the facility has 2 stand-alone buildings (one on the North side of the courtyard, and one on the South side of the courtyard). As such, the separation of the buildings shows difficulties related to properly supervising residents; and providing care and services that are needed by residents. A review of the facility's Staffing Schedule for revealed direct Staff hours as follows (copy obtained): 7:00 AM - 3:00 PM: MedTechs - 3 (for the North and South buidlings. This includes the Administrator) Care Staff - 1 (1 on 1st Floor and 2 on 2nd Floor) 3:00 PM - 11:00 PM MedTechs -12 (1st floor and 1 on 2nd floor) Care Staff - 1 (1 on 1st Floor and 2 on 2nd Floor) 11:00 PM - 7:00 AM Care Staff - 1(for the North and South buidlings) Further review of the Staffing Schedule provided revealed their is no one scheduled for the 11:00 PM - 7:00 AM shift (copy obtained): : 1 HHA/MedTech : 1 Care Staff : No one : No one : Housekeeping : 1 HHA/MedTech : 1 HHA/MedTech	A 079		

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A 079	Continued From page 5 During an interview on at 3:39 PM with the Administrator, she stated that the facility has a challenge of getting and keeping staff and acknowledged that having one staff member to cover both buildings at the same time might risk the level of care provided to the residents. She also stated there is an Aide from their Home Health Agency that works from 7:00 AM - 2:00 PM. However, she does not appear on the facility's Staff Schedule. In an interview with the Program Administrator, Staff F on at 12:11 PM, he stated they only have 1 staff working the 11:00 PM - 7:00 AM shift. He stated they are trying to hire but it's hard. He stated he uses (Payroll company) for payroll, and they informed him that they can help him with staffing, so he's going to do that. No additional information was provided during the survey. Class III	A 079		
A 152	59A-36.014(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	A 152		

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A 152	Continued From page 6 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 to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, 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 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, the facility failed to ensure that all existing architectural, electrical, structural systems, and furniture are maintained in good working order to maintain a safe and decent living environment. The findings include: On at approximately 2:17 PM, this surveyor conducted a tour of the facility, which is comprised of two main buildings, one in the North and one in the South of the property (which serves as the Television (TV) and relaxation room), and resident rooms. Observation of the	A 152		

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A 152	Continued From page 7 South building by this surveyor revealed a cloth three-seater couch that was torn and soiled. Observation of the room also revealed the room's entry door that was dirty, unable to close properly, and had a hole in the right corner which could allow pests or creatures to enter the area which also houses resident rooms. Observation of the South room also revealed a cracked wall in the to the right window; cracked tiles on the East wall, a broken chair, and an electrical socket not properly secured (photos obtained). Observation of the North building by this surveyor revealed cracked tiles in the bathroom of the first building that is used by residents; and a door leading into the laundry room/dining room/resident rooms revealed an open at the bottom which could allow pests, rodents and other creatures to enter (photo obtained). In an interview with the Administrator on at 3:21 PM, she confirmed that she is aware of the physical plant issues, and that they have doors already purchased and ready to be installed. She also acknowledged the deficiencies identified by the surveyor, and that they will be attended to immediately. Class III	A 152		

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ZZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	ZZ830		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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ZZ830	Continued From page 1 is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database	ZZ830		

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ZZ830	Continued From page 2 approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to timely submit/or secure their Comprehensive Emergency Management Plan (CEMP) from the Local County Emergency Management Division. The findings include: A review of the Local County Emergency Management Division's database by this surveyor on revealed the facility's Comprehensive Emergency Management Plan (CEMP) was last approved on . During the surveyor on , the Administrator provided this surveyor with their "Fire Alarm Book" that contained their Comprehensive Emergency Management Plan (CEMP) letter dated with an approval through . In an interview with the Administrator on at 9:47 AM, a request was made for the facility's current CEMP approval letter. She provided this surveyor with a copy of their Emergency Environmental Control Plan (EECP) communication from the Local County Emergency Management Division dated and stated that was all they have (received) from them (copy obtained). On at 10:27 AM, the surveyor reminded the Administrator of the CEMP letter that had not been provided. The Administrator	ZZ830		

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ZZ830	Continued From page 3 provided an email communication from their consultant (Name) stating: To complete the CEMP for Safe Harbor Assisted Living Residence, we need the last DRILL conducted at the facility within the last 12 months (we only have the , one). Please send the signed and dated form through this channel (copy obtained). In an interview with the Administrator on at 2:16 PM, she stated she just received an email from the Local County Emergency Management Division stating it is in review. A review of the email communication by this surveyor revealed it was from the facility's consultant, not the Local County Emergency Management Division (copy obtained). No additional information was provided during the survey. Class III	ZZ830		