

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969452	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/19/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HARBORCHASE OF DR PHILLIPS

**7233 DELLA DRIVE
ORLANDO, FL 32819**

(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 revisit to Complaint Investigation #2019016621 was conducted on 06/19/2020 and 06/22/2020. Harborchase of Dr. Phillips had a new deficiency identified at the time of the visit.	{A 000}		
{AE207} SS=D	59A-36.021(7) FAC ECC - Services (7) EXTENDED CONGREGATE CARE SERVICES. All services must be provided in the least restrictive environment, and in a manner that respects the resident's independence, privacy, and dignity. (a) A facility providing extended congregate care services may provide supportive services including social service needs, counseling, emotional support, networking, assistance with securing social and leisure services, shopping service, escort service, companionship, family support, information and referral, assistance in developing and implementing self-directed activities, and volunteer services. Family or friends must be encouraged to provide supportive services for residents. The facility must provide training for family or friends to enable them to provide supportive services in accordance with the resident's service plan. (b) A facility providing extended congregate care services must make available the following additional services if required by the resident's service plan: 1. Total help with bathing, _____, grooming and toileting. 2. Nursing assessments conducted more frequently than monthly, 3. Measurement and recording of basic vital functions and _____. 4. Dietary management including provision of special diets, monitoring nutrition, and observing the resident's food and fluid intake and output,	{AE207}		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF DR PHILLIPS			STREET ADDRESS, CITY, STATE, ZIP CODE 7233 DELLA DRIVE ORLANDO, FL 32819		
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{AE207}	Continued From page 1 5. Assistance with self-administered medications, or the administration of medications and treatments pursuant to a health care provider's order. If the individual needs assistance with self-administration the facility must inform the resident of the qualifications of staff who will be providing this assistance, and if unlicensed persons will be providing such assistance, obtain the resident's or the resident's surrogate, guardian, or attorney-in-fact's informed written consent to provide such assistance as required in section 429.256, F.S., 6. Supervision of residents with _____ and _____ 7. Health education and counseling and the implementation of health-promoting programs and preventive regimes, 8. Provision or arrangement for rehabilitative services; and, 9. Provision of escort services to health-related _____ (c) Nursing staff providing extended congregate care services may provide any nursing service permitted within the scope of their license consistent with the residency requirements of this rule and the facility's written policies and procedures, provided the nursing services are: 1. Authorized by a health care provider's order and pursuant to a plan of care, 2. Medically necessary and appropriate for treatment of the resident's condition, 3. In accordance with the prevailing standard of practice in the nursing community, 4. A service that can be safely, effectively, and efficiently provided in the facility, 5. Recorded in nursing progress notes; and, 6. In accordance with the resident's service plan. (d) At least monthly, or more frequently if required by the resident's service plan, a nursing	{AE207}			

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{AE207}	Continued From page 2 assessment of the resident must be conducted. This Statute or Rule is not met as evidenced by: REMAINED UNCORRECTED Based on record reviews and interviews, the facility failed to ensure nursing progress notes were recorded for 2 of 2 sampled residents (#6 & #7) who received an Extended Congregate Care (ECC) service. Findings: Review of the facility's license revealed it was licensed for ECC. At 9 a.m. on _____, resident #7 was identified on the census as receiving ECC for a _____. Review of his ECC service plan, dated _____, revealed the services provided would be to monitor the _____ and skin integrity at the site and provide skin care daily by cleansing area and applying a dry protective _____. Review of his ECC nursing progress notes for _____ did not contain documentation to indicate the services outlined on the service plan were being provided. At 12 p.m. on _____, the director of nursing (DON) confirmed the findings and was unable to provide additional documentation. At 10:05 a.m. on _____, the DON identified resident #6 and said the resident had a _____ on both her right _____, and left lateral _____.	{AE207}		

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{AE207}	Continued From page 3 Review of her Medication Observation Record (MOR) revealed an entry, dated, that indicated both were to be treated daily for 2 weeks due to Instructions were to "Cleanse with Dakin's solution, apply, and and, gauze and cover with foam", which is an ECC service. The entry was signed as completed from until The resident's record did not contain the required ECC nursing progress notes for the care. At 3:15 p.m. on, the DON confirmed the findings and was unable to provide additional documentation. Class III	{AE207}		