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
	AL11969452	A. BUILDING: _____ B. WING _____	06/19/2020

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 Complaint Investigation #2020010367, Control Assessment and Generator Monitoring was conducted on and . Harborchase of Dr. Phillips had deficiencies identified at the time of the visit.	A 000		
A 010 SS=D	429.26(&9) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of the strengths, needs, and preferences of the resident, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (2) A physician, physician assistant, or nurse practitioner who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interest in the facility. (9) A , ill resident who no longer meets	A 010		

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A 010	Continued From page 1	A 010		

the criteria for continued residency may remain in the facility if the arrangement is mutually agreeable to the resident and the facility; additional care is rendered through a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident are being met.

59A-36.006
(4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a [illegible]-to-[illegible] medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 59A-36.002, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are:
(a) The resident may be bedridden for no more than 7 consecutive days.
(b) A resident requiring care of a [illegible] may be retained provided that:
1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider,
2. The condition is documented in the resident's record; and,
3. If the resident's condition fails to improve within 30 days, as documented by a health care

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A 010	Continued From page 2 provider, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in rule 59A-36.021, F.A.C.	A 010		

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A 010	Continued From page 3 This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to obtain a new 1823 health assessment form when 1 of 7 sampled residents (#6) experienced a significant change. Findings: At 10:05 a.m. on , the director of nursing (DON) identified resident #6 and said the resident had a on both her right , and left lateral . Resident #6's record revealed a facility admission date of . A current 1823 health assessment form, dated , indicated that her diagnoses included , left-sided , and and that she did not have any , . A facility incident form, dated , indicated that she had redness on her right , and a referral was made by the health care provider for a doctor. An initial consultation note, dated , indicated the resident had a right , and left lateral that were both described as pressure injuries obscured full-thickness skin and tissue loss. Both beds contained 76-100% eschar. Eschar is " tissue that sheds or off from the skin. It ' s commonly seen with , ( ). Eschar is typically tan, brown, or black, and may be crusty." (healthline.com). Review of the resident's record did not reveal a new 1823 completed when the resident	A 010		

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A 010	Continued From page 4 developed the [redacted]. At 3:15 p.m. on [redacted], the DON confirmed the findings and was unable to provide additional documentation. Class III	A 010		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.	A 025		

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A 025	Continued From page 5 (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to follow health care provider's orders for 1 of 7 sampled residents (#6). Findings: At 10:05 a.m. on , the director of nursing (DON) identified resident #6 and said the resident had a , on both her right , and left lateral . Resident #6's record revealed a facility admission date of . A current 1823 health assessment form, dated , indicated that her diagnoses included , left-sided , and . A facility incident form, dated , indicated that she had redness on her right , and a	A 025		

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A 025	Continued From page 6 referral was made by the health care provider for a doctor. An initial consultation note, dated , indicated the resident had a right , and left lateral that were both described as pressure injuries obscured full-thickness skin and tissue loss. Both beds contained 76-100% eschar. Eschar is " tissue that sheds or off from the skin. It ' s commonly seen with , ( ). Eschar is typically tan, brown, or black, and may be crusty." (healthline.com). An order was given by the physician to clean both with normal (NS), apply , and a wet to dry , with a protective , change the , three times a week except on Tuesdays, and check with hospice about obtaining a pressure relieving mattress. " , is an FDA-approved prescription medicine that removes tissue from so they can start to heal." (, .com). A hospice nurse's note, dated , indicated the were cleansed with NS, a protective was applied and "awaiting ". A hospice order, dated , for an air mattress was seen in the resident's record. A doctor's note, dated , revealed the care orders remained the same, including the application of to both . A hospice nurse's note, dated , indicated the were cleansed with NS, a protective was applied and "awaiting	A 025		

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A 025	Continued From page 7 ...." A ... doctor's note, dated ....., indicated the right , had a small amount of ... drainage with a strong odor. The treatment order for that was changed from NS to Dakin's solution and ., . 500 milligrams twice a day for 10 days was also prescribed. Observations made at 3 p.m. on revealed resident #6 was lying on a regular mattress and not an air mattress, as was prescribed. At 3:15 p.m. on ....., the DON could not explain why the resident was not yet placed on an air mattress. At 8:45 a.m. on ....., when asked why the hospice nurse's notes on and ..... both indicated they were awaiting , , the DON said because hospice did not pay for .. , and it was expensive. The resident's record did not contain any documentation to indicate the health care provider was notified of the delay in treatment and to determine whether an alternate treatment should be applied. The DON reviewed the resident's record and she too could not locate any such documentation. The care documentation provided by the DON revealed that during the week of ....., care was done only on and ....., and not three times a week, as prescribed. measurements are as follows: On ..... - Right , 1.9 centimeters (cm.) by 2.1 cm. Left Lateral . 0.7 cm. by 1.2 cm.	A 025		

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A 025	Continued From page 8 On - Right , 3.4 cm. by 1.9 cm. Left Lateral . . . 2.5 cm, by 2.8 cm. On . . . . . - Right , 3.5 cm. by x 3.8 cm. by 0.7 cm. Left Lateral 2.4 cm. by 2.8 cm. by 0.2 cm. On . . . . . - Right , 3.6 cm. by 4 cm. by 0.7 cm. Left Lateral 2.4 cm. by 2.7 cm. by 0.1 cm. Both . . . . had increased in size quite significantly between and . The physician surgically debrided the . . . . on , . . , and . Class II	A 025		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known	A 054		

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A 054	Continued From page 9 the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observations, record reviews and interview, the facility failed to ensure the Medication Observation Record (MOR) for 1 of 4 sampled residents (#6) was accurately updated. Findings: At 10:05 a.m. on , the director of nursing (DON) identified resident #6 and said the resident had a , on both her right , and left lateral . An initial consultation note, dated , indicated the resident had a right , and left lateral that were both described as pressure injuries obscured full-thickness skin and tissue loss. Both beds contained 76-100% eschar. An order was given to clean both with normal (NS), apply and a wet to dry , with a protective , change the three times a week except on Tuesdays and to check with hospice about obtaining a pressure relieving mattress.	A 054		

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A 054	Continued From page 10 Review of the resident's MOR revealed an entry, dated , that indicated both were to be treated daily for 2 weeks due to . Cleanse with Dakin's solution, apply and and , gauze and cover with foam . Neither of the two orders were timed. Observations made in the resident's room with the DON and the administrator at 9 a.m. on revealed there was no in the room. The DON said if there was any it would be stored there. At 9:15 a.m. on , nurse H said when she changed the right , that morning, she did not apply because there wasn't any available. Review of the medication observation record (MOR) revealed that although was not available on that day, nurse H signed the MOR to indicate it was applied to the . At 3:30 p.m. on , the DON provided two doctor's orders, both dated . One order indicated was to be applied to the right , and the other order did not. She said the doctor mistakenly ordered the then sent an order later to the pharmacy to remove it from the order and the facility was not notified of the change. Therefore, the MOR was inaccurate, and the facility nurses signed the MOR daily since , even though the was never applied. Class III	A 054		

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A 086	Continued From page 11	A 086		
A 086 SS=D	59A-36.011(10) FAC Training - ADRD (10) ..... AND RELATED ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between , , and , shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " and Related Level I Training," must address the following subject areas: 1. Understanding 's and related ; 2. Characteristics of ; 3. Communicating with residents with 's ; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility and Related	A 086		

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A 086	Continued From page 12 . . . . . Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related . . . . . Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. and Related . Level II Training must address the following subject areas as they apply to these . : 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 5. Medical information. (d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with . . . 's . . . . . and Related ," dated , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. (e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on	A 086		

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A 086	Continued From page 13 interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents. (g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an educator of caregivers for persons with or related , or 2. Three years of practical experience in a program providing care to persons with or related , or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with or related . (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on observation, personnel record reviews and interview, the facility failed to ensure 1 of 3 sampled staff (G) obtained 4 hours of and Related (ADRD) level I training within 3 months of employment, and failed to ensure 1 of 3 sampled staff (E) obtained 4 hours of ADRD level II training within 9 months	A 086		

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
	AL11969452	A. BUILDING: _____ B. WING _____	06/19/2020

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 086	Continued From page 14 of employment. Findings: Observations made during a tour of the facility at 9:20 a.m. on revealed the facility had a secured memory care unit. 1. Nurse G's personnel record revealed a hire date of . The record did not contain documented evidence to indicate the nurse obtained 4 hours of ADRD level 1 training, as required. At 4:15 p.m. on , the administrator confirmed the finding and was unable to provide additional documentation. 2. Caregiver E's personnel record revealed a hire date of . The record did not contain documented evidence to indicate the caregiver obtained 4 hours of ADRD level 2 training, as required. At 1 p.m. on , the business office manager confirmed the finding and was unable to provide additional documentation. Class III	A 086		