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 _____	12/09/2020

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 investigations #2020013793 & 2020016599 were conducted at Harborchase of Dr Phillips on . Deficiencies were identified at the time of the visit.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . 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 must notify the resident ' s representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident ' s representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for 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	A 025		

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A 025	Continued From page 1 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. (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 record reviews and interviews, the facility failed to follow a health care provider's medication order for 1 of 4 sampled residents (#2). Findings: Review of the record for resident #2 revealed an admission date of . His most recent heath assessment was dated and included diagnoses of advanced and . He was noted to be independent with ambulation, eating and transferring, but required assistance with all other activities of daily living. Review of the hospital	A 025		

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A 025	Continued From page 2 discharge notes from revealed a medication change order to stop , 7.5mg. Review of the Medication Observation Record for revealed , 7.5mg had been given on at 5:00PM. On at 2:30PM, the nursing director confirmed the finding and said she did not realize the medication had been discontinued. Class III	A 025		
A 032 SS=D	59A-36.007(8) FAC Resident Care - Elopement Standards 59A-36.007 (8) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons	A 032		

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A 032	Continued From page 3 that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to sections 429.41(1)(a)3. and 429.41(1)(l), F.S.	A 032		

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A 032	Continued From page 4 This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that residents assessed to be at risk for elopement had identification on their person at all times that included their name, the facility's name, address, and telephone number for 3 of 4 sampled residents. (#1, #2 and #4) Findings: 1. Observation of resident #1 on . . . . . at 10:15AM, revealed she was dressed and seated on an upholstered chair in the sunroom She was unable to answer any questions. She was not observed to be wearing any identification. In an interview with her private caregiver at 10:15AM, she confirmed there was no ID and said, "no, she doesn't wear one. Everyone knows her." Review of the record for resident #1 revealed an admission date of . . . . . Her health assessment (AHCA form 1823) was dated . . . . . and included diagnoses of . . . . . with behaviors. She was assessed to be an elopement risk. 2. Observation of resident #2 on . . . . . at 12:15PM, revealed he was dressed and walking around the unit independently. He was observed eating lunch independently. He had a on his left . . When asked, the caregiver on duty stated that was from the hospital. Resident #2 had just returned from the hospital and they had not yet cut the off. She stated he does not usually wear an ID. Review of the record for resident #2 revealed an admission date of . His 1823 was	A 032		

Agency for Health Care Administration

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A 032	Continued From page 5 dated ... ... and included diagnoses of ... and advanced ... . He was assessed to be at risk for elopement. 3. Observation of resident #4 on ... at 12:15PM, revealed she was seated in a wheelchair at a lunch table, waiting to be fed. At 2:15PM she was observed seated in a wheelchair in the activity area. She was not observed to be wearing any identification. Review of the record for resident #4 revealed an admission date of ... . A health assessment dated ... and noted diagnoses including ... . She was documented to be at risk for elopement. (photographic evidence obtained) On ... at 2:45PM, the nursing director confirmed that residents #1, 2, and 4 were not wearing identification with their name and the name, address and phone number of the facility. She stated she did not know an ID was required. Class III	A 032		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable ... . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another	A 078		

Agency for Health Care Administration

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A 078	Continued From page 6 when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual . . . . . examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . . . . . . 2. If any staff member has, or is suspected of having, a communicable . . . . . , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility . . . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility	A 078		

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A 078	Continued From page 7 and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff . . . . . by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure all staff providing services to residents were qualified to perform those duties in accordance with their level of training & education, and allowed unlicensed staff to administer medications to a resident who was unable to self-administer. (#4) Findings: Observation of resident #4 on at 12:15PM, revealed she was seated in a wheelchair at a lunch table, waiting to be fed. She was disoriented and weepy. At 2:15PM, resident #4 was observed seated in the activity area in a wheelchair and wearing foam heel . . . . . on both . Review of the record for resident #4 revealed a health assessment dated . . . . . . Diagnoses included , , legally , and . . . . . heel . . . . . She required assistance with all activities of daily living. Review of the . . . . . Medication Observation Record showed medications were signed by	A 078		

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A 078	Continued From page 8 unlicensed staff. On . . . . . , between 11:00AM and 3:00PM, 5 unlicensed caregiver staff who worked the 6AM-2PM and 2PM-10PM shifts were interviewed. All stated resident #4 was unable to feed herself. They all stated resident #4 is fed by staff for every meal, and they crush her medications and feed them to her in applesauce. On . . . . . at 3:34PM, the director of nursing confirmed the finding. Class III	A 078		
A 079 SS=D	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	A 079		

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A 079	Continued From page 9 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 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 [illegible] ( ) 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 [illegible] 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	A 079		

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A 079	Continued From page 10	A 079		

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 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

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A 079	Continued From page 11 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 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,	A 079		

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A 079	Continued From page 12 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure staffing hours were adequate to meet the needs 29 memory care residents. Findings: On ....., the memory care section of the facility had a census of 29 residents. Most residents (27) reside in private rooms, except for 2 residents who currently share a room. The layout of the memory care unit is in a square and does not allow for easy visualization of residents in other hallways. Review of the staff schedule for the week ending found the unit was staffed with 3 caregivers from 6AM-2PM and 2 caregivers on each of the 2-10PM and 10PM-6AM shifts. There was a 4-hour part time caregiver scheduled Monday-Friday from 7AM-11AM and from 4PM-8PM approximately 3 days each week. The memory care unit had 392 direct care hours, which met the minimum staffing hours required. On ....., between 11:00AM and 3:00PM, 5 unlicensed caregiver staff interviewed all stated they were unable to finish all tasks when there were only 2 CNAs on the floor on the 2nd and 3rd shifts. At the time of the investigation the care staff were required to plate and serve meals, bus tables and clean the kitchen; feed 4 residents (2 from the assisted living side who are brought over to be fed, plus 2 memory care residents), provide assistance for ADLs as needed, pass	A 079		

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A 079	Continued From page 13 medications, and do laundry. As there is no housekeeping on the 2nd and 3rd shifts, the CNAs are also required to provide housekeeping for unplanned emergencies. Sometimes showers get bumped to the next day if other unplanned showers are needed. On at 3:45PM, the nursing director and administrator designee confirmed the tasks listed above were performed by the CNAs at this time. They confirmed the dietary staff person who used to deliver, plate and serve food and clean the kitchen was-never replaced when they left several months ago. They confirmed there is no housekeeping staff on the evening and night shifts. They were unable to explain why 2 assisted living residents who require feeding assistance are brought to memory care for all meals. Class III	A 079		