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 _____	R 04/18/2022

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 investigations 2021017281 and 2022001442 was conducted at Harborchase of Dr Phillips on . The facility had an uncorrected deficiency at the time of survey.	{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 Resident Care Standards. 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}		

AHCA Form 3020-0001

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

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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: DEFICIENCY REMAINED UNCORRECTED Based on observations, record reviews, and interviews, the facility failed to provide care and services appropriate to meet the needs of residents by failing to notify a health care provider and document in the record's record when 1 of 5 sampled residents sustained an .... injury (#18). Findings: Review of resident #18's record revealed an admission date of . An 1823 health assessment form, dated , indicated the	{A 025}		

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{A 025}	Continued From page 2 resident's diagnoses included [redacted]'s [redacted] Dyslipidemia. Observations made of resident #18 on [redacted] at 10:35 a.m. revealed he was sitting in a chair in the memory care day room. A [redacted] was on his left [redacted]. Dried, brown-colored [redacted], the approximate size of a one-dollar coin, was seen through the [redacted]. It did not have information on the [redacted], such as a date, to indicate when the [redacted] was applied. When asked what happened, the resident said "Oh, I just scraped it." Continued review of the resident's record revealed it did not contain documentation to indicate the resident had a [redacted], that a [redacted] was applied to the [redacted], and that a health care provider was notified. On [redacted] at 1:05 p.m., the director of nursing confirmed the lack of documentation regarding the [redacted] in the resident's record, said she did not know anything about the resident's [redacted], and said she had to ask the facility's nurses about it. On [redacted] at 1:45 p.m., the resident was seen laying in his bed. Nurse U removed the [redacted] from the resident's [redacted]. The [redacted] measured approximately 4 cm. x 1.5 cm. and 100% of the [redacted] bed was covered with yellow tissue. The skin surrounding the [redacted] was pink in color and intact. The resident denied [redacted] to the area. He said two weeks ago he tripped and [redacted] and when he put his arms up to protect his [redacted] and [redacted], his elbows hit the ground. Nurse U said she did not know anything about the [redacted].	{A 025}		

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{A 025}	Continued From page 3 Class III	{A 025}		