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
	AL11969382	A. BUILDING: _____ B. WING _____	09/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF WILDWOOD	1477 HUEY STREET WILDWOOD, FL 34785

(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 An unannounced complaint investigation (complaint number 2022009114) was conducted at Harborchase of Wildwood on , . The facility had deficiencies at the time of the survey.	A 000		
A 030	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents	A 030		

AHCA Form 3020-0001

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

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A 030	Continued From page 1 and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where	A 030		

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A 030	Continued From page 2 residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from . . . . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as	A 030		

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A 030	Continued From page 3 provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with	A 030		

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A 030	Continued From page 4 relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility	A 030		

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A 030	Continued From page 5 must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and . . . . , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure residents were treated with consideration, respect and in a dignified manner for 1 of 2 residents (Resident #2) reviewed. Findings include: 1. During an observation on at 2:00 PM, Resident #2 was sitting in a wheelchair in the memory care unit. His pants were observed	A 030		

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A 030	Continued From page 6 noticeably wet. On . . . . . at 2:19 PM, care staff was observed taking Resident #2 to a nearby bathroom and returned the resident . . . to common area wearing the same wet pants. During an observation on at 5:15 PM, Resident #2 was observed in his wheelchair in the common area with other residents, wearing the same wet pants he had on earlier that afternoon. During an interview on at 5:25 PM the Director of Memory Care stated if a resident needs to be changed she would take him to the bathroom and change him. If needed she would shower and change his clothing. Class III	A 030		
A 054	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 7 ... 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 interview and record review the facility failed to ensure resident medications were managed appropriately and medication records were immediately updated to record any missed doses of medications prescribed by the health care provider for 2 of 3 residents reviewed (Resident #2 and #6). Findings include: 1. A review of the ... Medication Observation Record (MOR) for Resident #2 documented ... 25 milligram (mg) tablet to be taken at 3 PM and 8 PM, ... 1 tablet by ... two times daily, and Carbi-dopa ..., 25-100 mg two times daily. Seven (7) doses of ... were not documented as given on ... at 8 PM, ... at 3 PM, ... at 3 PM and 8 PM, ... at 3 PM and 8 PM. Two (2) doses of ... were not documented as given on ... at 5 PM and ... at 5 PM. Seven (7) doses of Carbi-dopa ..., were not documented as given at 12 PM on ...	A 054		

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A 054	Continued From page 8 . . . . . and . . . . No notations were on the MOR to indicate why the doses were missed. During an interview conducted on , at 6:50 PM the Director of Resident Care stated the expectation is that nurses fill out medication order record and write reason why medication not given on the of document. A review of the Medication Policy, Revised . . . , as it relates to documenting dosage received read "Section B. Staff will document a medication given from the Standing Order Medications List form by: 1. Contacting the assigned nurse, NCM or NOC who, if needed, transcribes the order into the eMAR (Electronic Medication Administration Record). 2. Selecting the appropriate check box for the medication on the eMAR. 3. Documenting what medication/treatment was administered, the dose, the reason it was given, and the effect in the health documentation one hour after the medication was given. 4. Following any special instructions noted on the Standing Order Medications form, notifying the assigned nurse, nurse consultant, or prescriber as directed. C. In the event the eMAR is not available staff administering and documenting medication/treatment administration will enter their initials, full name, and title initials in the designated location on the backup monthly medication sheet." 2. A review of Resident #6's record revealed an active physician order dated . . . . . for . . emergency kit 1mg [. . emergency kit for low . . . . .] inject 1 mg as needed for BS < 50 [. . less than 50] and unable to swallow.	A 054		

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A 054	Continued From page 9 During an interview conducted on [redacted] at 2:40 PM with resident # 6's son, he stated the facility did not have [redacted] ordered for his father. During an interview conducted on [redacted], at 4:38 PM Staff C (Caregiver) stated the facility did not have a [redacted] emergency kit for [Resident #6's name]. She was not aware resident had an order for the [redacted]. She also stated that nurses are supposed to write in the [redacted] of the MOR the reason a medication is not given. During an interview conducted on [redacted], at 6:50 PM the Director of Resident Care stated the expectation is that nurses fill out medication order record and write reason why medication not given on the [redacted] of document. Class III	A 054		
A 093	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~	A 093		

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A 093	Continued From page 10 /media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available	A 093		

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A 093	Continued From page 11 to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of [illegible] the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on [illegible]. (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has	A 093		

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A 093	Continued From page 12 . . . . . with residents to serve, must be on . . . . . at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure meals were prepared and served in accordance with therapeutic dietary orders for 1 of 2 residents reviewed. (Resident #2) Findings include: During an observation on . . . . . at 12:07 PM the Director of Hospitality handed a bowl of thin liquid consistency soup to Staff A (Caregiver). Staff A handed bowl to Staff B (Caregiver). Staff B stated "Thicken?" to Staff A, which Staff A stated "No." Staff B served the bowl of soup to Resident #2. Resident #2 observed consuming soup and coughing. During an observation on at 12:12 PM, the Memory Care Director observed serving a cup of coffee to the resident sitting to the right of Resident #2. Resident #2 was then observed picking up the cup of coffee which was positioned to his right and to the left of the resident it was intended for, and Resident #2 drank the hot coffee and began coughing with each sip. The main entrée served to Resident #2 consisted of strips of steak, peppers, and onions over white rice. Resident #2 was observed coughing after	A 093		

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A 093	Continued From page 13 taking a bite of his meal. The resident consumed about 20% of the meal. Further observation of Resident #2 revealed he began coughing each time he took a sip of soup, took a drink of the hot black coffee, as well as while eating his main entree. During an interview on at 1:30 PM the Hospitality Director stated she tried to slice [Resident #2's name] food as small as she could, she thought twice about serving him rice but served it as it was prepared. The Hospitality Director stated she does not add the thickening to the liquid soup or drinks, she instead passes the plates to the servers, and they are supposed to add the thickening prior to delivering it to the resident at the table. She added, "I didn't think of thickening the soup," but did confirm the soup had a thin consistency. The Hospitality Director also confirmed [Resident #3's name] was ordered a mechanically chopped soft diet. She stated, "[Resident #3's name] is not happy with the way I have prepared her food, I try but, so far not to her liking. She tells me it's not how it has been ordered by her doctor." During an interview on at 2:37 PM the Director of Hospitality stated she serves the food, and the staff then would add the thickener to the food item. She stated she had not thought about the need to add the thickener to the soup and said to her knowledge no thickener was added to the soup although it was of a thin consistency. A review of the therapeutic diet orders for Resident #2 documented "thickening agent added to all liquids and his meals are to be mechanically chopped."	A 093		

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
	AL11969382	A. BUILDING: _____ B. WING _____	09/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF WILDWOOD	1477 HUEY STREET WILDWOOD, FL 34785

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A 093	Continued From page 14 Class III	A 093		