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
	AL11969790	A. BUILDING: _____ B. WING _____	01/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF STUART	650 NW FORK RD STUART, FL 34994

(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 Relicensure with Extended Congregate Care (ECC) survey, Complaints (#2022001050, #2022007467, #2022008150, #2022011719, #2022012228, #2022012351, #2022013391, 2022016945, #2022017097) and a Generator Monitoring survey were conducted on and concluded on at Harborchase of Stuart. The facility had deficiencies identified related to the Relicensure and Complaints (#2022007467, #2022011719, #2022013391, #2022016945, and #2022017097) at the time of the survey.	A 000		
A 025	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.	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-36.007 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 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 review and interview, the facility failed to ensure prevention measures were initiated for 1 out of 3 sampled residents reviewed for {Resident #11}. The findings included:	A 025		

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A 025	Continued From page 2 Resident #11 was admitted to the facility on [redacted] with diagnoses including [redacted], [redacted], tinnitus (ringing in the [redacted]), [redacted] ([redacted] /previous [redacted]), [redacted], severe [redacted] and [redacted]. He resided in the Memory Care Unit (MCU), was a [redacted] risk and required assistance with all activities of daily living (ADLs) as documented on his Health Assessment (AHCA Form 1823) dated [redacted]. On [redacted], Resident #11's record revealed he had [redacted] on [redacted] at 10:32 PM while getting out of bed and walking towards the bathroom as documented by the Licensed Practical Nurse (LPN). He sustained multiple scratch marks with [redacted] on his left [redacted]. The Action Steps/Interventions noted by the LPN on the Progress Note show "cleansed with normal [redacted], patted dry, applied bandage, report given to oncoming nurse". The resident's record revealed no assessment of the reason for his [redacted] and no interventions initiated to prevent further occurrence of [redacted]. During record review for Resident #11, it was revealed on [redacted] at 10:15 PM, the resident [redacted] again while getting out of bed and walking to the bathroom, sustaining a right side [redacted] to the forehead. The Action Steps/Interventions noted by the LPN on the Progress Note show "called 911/applied cloth with pressure to [redacted] until EMT (Emergency Medical Technician) arrived/notified (staff and family names)". The resident's record revealed no assessment of the reason for his [redacted] and no interventions initiated to prevent further occurrence of [redacted].	A 025		

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A 025	Continued From page 3 During record review for Resident #11 it was revealed on at 8:00 AM, the resident was found on the floor next to his bed with injuries, later diagnosed as , and . The Action Steps/Interventions noted by the Director of Nursing/Registered Nurse on the Progress Note show "transported to ER (Emergency Room). Call placed to hospice for floor mat and high low bed". The resident's record revealed no assessment of the reason for his . Review of the Quality Indicator Report/Progress Notes for the on and revealed no interventions documented to prevent reoccurrence and/or to decrease the severity of injury from subsequent . These findings were discussed during a telephonic interview conducted with the Administrator on at 4:13 PM. The Administrator stated that the previous DON had not documented interventions for prevention as the current DON does as noted in the Progress Note interventions dated . The facility provided no additional information for review at this time. Class III	A 025		
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	A 030		

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A 030	Continued From page 4 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 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	A 030		

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A 030	Continued From page 5 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 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	A 030		

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A 030	Continued From page 6 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 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	A 030		

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A 030	Continued From page 7 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 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	A 030		

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A 030	Continued From page 8 special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, [illegible], 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 [illegible] Hotline operated by the Department of Children and Families, and, if applicable, [illegible], 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 must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder [illegible] Hotline operated by the Department of Children and Families, and [illegible], 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 [illegible] or [illegible] under state law, managing his or her own affairs. (b) The admission of a resident to a facility and	A 030		

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A 030	Continued From page 9 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 record review and an interview, the facility failed to ensure 1 out of 1 sampled residents (Resident #12) identified as developing a pressure injury had received the standard of care to prevent the pressure injury from worsening and to promote healing. The findings included: Resident #12 was admitted to the facility in 2021 with diagnoses including and . She was not oriented to person, place or time and resided in the Memory Care Unit (MCU). The resident's Health Assessment (AHCA Form 1823) dated notes the resident required total care assistance with all activities of daily living (ADLs) and was with a During review of Resident #12's record it was revealed that the resident developed an "open area on the " on . During this time, the facility staff provided care as needed and followed a schedule of placing the resident in bed to change her brief after lunch and then putting the resident in her	A 030		

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A 030	Continued From page 10 recliner for the afternoon. On [redacted], the resident was assessed with a "[redacted] pressure injury" by the facility's Director of Nursing/Registered Nurse (DON). It was cleansed and a [redacted] was applied by the hospice nurse. The hospice nurse advised that a pressure relieving mattress and gel cushion for the resident's wheelchair would be pursued. On [redacted], the DON noted on a Quality Indicator Report/Progress Note that an attempt was made to transfer resident from her recliner to the bed to offload [redacted] on the resident's [redacted], but the resident's representative refused. On [redacted], a Quality Indicator Report/Progress Note by the DON shows the resident's representative requested a 2nd skin check for the resident's pressure injury stating, "show me mom skin there's nothing there". The resident was reassessed with the [redacted] pressure injury at 2:50 PM. During further review of the resident's record from the onset of the pressure injury identified on [redacted] through [redacted] it was not documented that the resident received scheduled care or turning and repositioning, the standard of care for treatment and prevention of pressure injuries. On [redacted], it was noted in the Progress Notes that the resident was "on bed rotation every 2 hours". These findings were discussed during a telephonic interview conducted with the Administrator on [redacted] at 4:13 PM. The Administrator acknowledged that if a pressure injury is identified, the resident receives nursing care from hospice and is assessed for	A 030		

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A 030	Continued From page 11 appropriateness if a [illegible] injury does not resolve. The facility provided no additional information for review at this time. 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 [illegible] 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 [illegible], 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	A 054		

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A 054	Continued From page 12 medication. This Statute or Rule is not met as evidenced by: Based on record review and an interview, it was revealed that the facility failed to document on the Medication Observation Record (MOR) medication was administered as ordered and failed to document readings were conducted with administered as ordered by the Physician for 1 out of 4 sampled residents (Resident #17). The findings included: Resident #17 was admitted to the facility in , . His Health Assessment (AHCA Form 1823) dated noted he is alert and oriented, requires medication management, requires medication administration, and is assisted with all activities of daily living (ADLs). The resident's diagnoses included and . On , the MOR for Resident #17 was reviewed and revealed the following orders for administration as of . A. U-100 Humolog 7 units 15 minutes before meals (and may be given during meal) with an additional dosage based on a for readings to be taken three times a day before meals as follows: 7 units Humolog for a reading of 70-150 9 units for a reading of 151-200 11 units for a reading of 201-250 13 units for a reading of 251-300 15 units for a reading of 301-350 17 units for a reading of 351-400	A 054		

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A 054	Continued From page 13 19 units for a reading over 400 B. [illegible] 11 units to be administered twice a day ( ). Times noted to be given on the [illegible] MOR are 7:30 AM and 7:30 PM. 1. The following omissions of [illegible] monitoring and/or administration of [illegible] documentation were identified on the [illegible] MOR and Monitoring Form for Resident #17: a. No [illegible] reading or [illegible] documented as administered before lunch on [illegible]. b. No [illegible] reading or [illegible] documented as administered before dinner on [illegible]. c. No [illegible] reading or [illegible] documented as administered before breakfast on [illegible]. d. No [illegible] reading or [illegible] documented as administered before dinner on [illegible]. e. No [illegible] reading or [illegible] documented as administered before lunch on [illegible]. f. No documentation of the 11 units of [illegible] standing dose [illegible] was administered at 7:30 PM on [illegible]. 2. On [illegible], the documented [illegible] reading on the Monitoring Form for this resident before lunch at 11:35 AM was 295, requiring 13 units of Humolog [illegible] administration based on the [illegible] above. However, the documented administration on the form showed 6 units were administered at this time. The staff member who noted this administration is no longer employed by the facility. There was no documentation to show why 6 units of [illegible] was administered rather than 13 units as ordered, or that the Health Care Provider was notified of this discrepancy.	A 054		

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
	AL11969790	A. BUILDING: _____ B. WING _____	01/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF STUART	650 NW FORK RD STUART, FL 34994

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A 054	Continued From page 14 These findings were discussed during a telephonic interview conducted with the Administrator on . . . . . at 4:13 PM. The Administrator stated the resident had behaviors that prevented staff from administering . . . at times and acknowledged that documentation of refusals or inability to administer due to behaviors was not present on the MORs. The facility provided no additional information for review at this time. Class III	A 054		