

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963919	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 02/13/2023
NAME OF PROVIDER OR SUPPLIER HARBORCHASE		STREET ADDRESS, CITY, STATE, ZIP CODE 2960 TAMPA ROAD PALM HARBOR, FL 34684			
(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 sixth revisit to an _____ biennial survey was conducted on _____ at Harborchase. Deficiencies were identified at the time of the visit.	{A 000}			
{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 _____ 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.	{A 054}			

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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HARBORCHASE

**2960 TAMPA ROAD
PALM HARBOR, FL 34684**

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{A 054}	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure medications were accurately documented on the Medication Observation Records (MORs) for two (Resident #6 and Resident #10) of four sampled residents. Findings Included: An observation conducted on at 10:15 a.m. Staff B, medication technician, was observed assisting Resident #10 with the self-administration of medication for their 9:00 a.m. medications. A record review conducted on at 10:40 a.m. for Resident # 10's MORs revealed medication had not been signed as given. An observation conducted on at 10:30 a.m. Staff B, medication technician was observed assisting Resident #6 with the self-administration of medication for their 9:00 a.m. medications. A record review conducted on at 10:40 a.m. for Resident # 6's MORs revealed medication had not been signed as given. An interview conducted on at 10:45 a.m. with Memory Care Director she stated that medications for Residents #6 and #10 had appeared to be given and needed to confirm with the medication technician when she returned. An interview conducted on at 10:47 a.m. with Staff B, medication technician, she stated she had given the medications to Resident #6 and #10 but had not had time to sign off on the MORs.	{A 054}		

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{A 054}	Continued From page 2 Class III	{A 054}			
{A 056} SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with chapters 465 and 499, F.S., and rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for . . . , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist.	{A 056}			

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{A 056}	Continued From page 3 (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxed, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to section 465.0276(5), F.S., and rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name,	{A 056}			

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{A 056}	Continued From page 4 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide medications according to health care provider's orders for 16 (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, and #16) of 16 residents sampled. Findings included: An observation conducted on _____ at 10:15 a.m. Staff A, medication technician, was observed assisting with the self-administration of medication with Resident #2's 9:00 a.m. medications. An observation conducted on _____ at 10:15 a.m. Staff B, medication technician, was observed assisting with the self-administration of medication with Resident #10's 9:00 a.m. medications. An observation conducted on _____ at 10:30 a.m. Staff B, medication technician, was observed assisting with the self-administration of medication with Resident #6's 9:00 a.m. medications.	{A 056}		

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{A 056}	Continued From page 5 An observation conducted on _____ at 10:45 a.m. Staff A, medication technician, was observed assisting with the self-administration of medication with Resident #9's 9:00 a.m. medications. A resident record review conducted on _____ at 11:30 a.m. for Resident's #1's medication observation record (MORS) revealed, 9:00 a.m. medication had not been given. A resident record review conducted on _____ at 11:30 a.m. for Resident's #3's MORS revealed, 9:00 a.m. medication had not been given. A resident record review conducted on _____ at 11:30 a.m. for Resident's #4's MORS revealed, 9:00 a.m. medication had not been given. A resident record review conducted on _____ at 11:30 a.m. for Resident's #5's MORS revealed, 9:00 a.m. medication had not been given. A resident record review conducted on _____ at 11:30 a.m. for Resident's #7's MORS revealed, 9:00 a.m. medication had not been given. A resident record review conducted on _____ at 11:30 a.m. for Resident's #8's MORS revealed, 9:00 a.m. medication had not been given. A resident record review conducted on _____ at 11:30 a.m. for Resident's # 11's MORS revealed, 9:00 a.m. medication had not been given. A resident record review conducted on _____ at 11:30 a.m. for Resident's # 12's MORS revealed, 9:00 a.m. medication had not been	{A 056}		

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{A 056}	Continued From page 6 given. A resident record review conducted on at 11:30 a.m. for Resident's #13's MORS revealed, 9:00 a.m. medication had not been given. A resident record review conducted on at 11:30 a.m. for Resident's #14's MORS revealed 9:00 a.m. medication had not been given. A resident record review conducted on at 11:30 a.m. for Resident's #15's MORS revealed 9:00 a.m. medication had not been given. A resident record review conducted on at 11:30 a.m. for Resident's # 16's MORS revealed, 9:00 a.m. medication had not been given. An interview conducted on at 11:15 a.m. with Staff A, medication technician, staff confirmed that the medications had not been given yet. Class III	{A 056}		