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
	AL11965356	A. BUILDING: _____ B. WING _____	07/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF TALLAHASSEE	100 JOHN KNOX ROAD TALLAHASSEE, FL 32303

(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 complaint investigation (complaint numbers 2022006509 and 2023001375) was completed in addition to a generator monitoring at Harborchase of Tallahassee on . The facility had deficiencies at the time of the survey.	A 000		
A 165 SS=E	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or	A 165		

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A 165	Continued From page 1 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to	A 165		

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A 165	Continued From page 2 disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to submit a full report for 2 of 4 incident reports reviewed and failed to submit reports within timeframes for 4 of 4 incidents reports reviewed. The findings include: A review of facility's incidents reported to the Agency for Healthcare Administration was conducted. This review revealed the following: Report #592890: Resident #1 eloped on . A report was submitted on and was accepted on . However, there was no further reporting to the Agency concerning the outcome of any investigation into this report. Report# 603655: Resident #2 sustained an	A 165		

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A 165	Continued From page 3 unwitnessed with on , requiring medical intervention. A report was submitted on . However, the report was closed on due to the requested information not being received. Report #595294: Resident #3 eloped on . An initial report was submitted on the same day. However, the finalized report was not completed until , which exceeds the required 15 days for a final report on the investigation. Report #612913: A staff member allegedly witnessed another staff member hit Resident # 4 on the on . However, the initial report was not submitted until , which exceeds the one business day required for initial reporting. On at 1:30 PM, an interview was conducted with Executive Director (ED). The ED stated she could not locate the files that contain the investigations for the reports, with the exception of report #595294. The ED stated she was not the ED when the other incidents occurred prior to this. On at 3:05 PM, an interview was conducted with the Director of Resident Care (DRS). The DRS stated neither she nor the current ED had access to the Agency's reporting system. The DRS stated only the previous ED had access. She further stated the log-in process took 3 days and that was the reason the report (#612913) was submitted late. Class III	A 165		
A 181 SS=D	59A-36.019(2) FAC Emergency Plan Approval	A 181		

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A 181	Continued From page 4 (2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency. (a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised. (b) A new facility as described in Rule 59A-36.014, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license. (c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local emergency agency for review and approval. 1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule. 2. Changes in the identification of specific staff must be submitted to the local emergency management agency annually as a signed and dated addendum that is not subject to review and approval. (d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities. (e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to submit their Comprehensive	A 181		

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A 181	Continued From page 5 Emergency Management Plan (CEMP) to the local reviewing agency annually. The findings include: A review of the facility's latest CEMP was conducted. Although the facility did have a plan available, there was no documentation from the local emergency management office to verify it had been approved. On at 2:30 PM, an interview was conducted with the facility's Executive Director (ED). The ED verified after inquiring about this missing documentation that she was not able to locate the most recent CEMP approval letter. On at 8:46 AM, the Leon County Emergency Management Coordinator was called via telephone to inquire about an updated CEMP. He stated that the most recent submitted and approved plan was dated . Class III	A 181		