

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969452	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/30/2023
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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 Investigation #2023007518 was conducted at Harborchase of Dr. Phillips Assisted Living Facility and Memory Care on There were deficiencies that remained uncorrected and one new deficiency at the time of the survey visit.	{A 000}		
{A 025} SS=G	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 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 (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: DEFICIENCY REMAINED UNCORRECTED Based on facility's documentation, resident record review and interview, the facility failed to provide appropriate supervision for 1 of 5 sampled residents (#5) to prevent elopement in a secured memory care facility and failed to maintain facility written documentation regarding to the elopement incident as required. Findings: Resident #5's record review revealed admission	{A 025}			

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{A 025}	Continued From page 2 date The 1823 Health Assessment dated listed medical history of and She needs assistance with activities of daily living with bathing, supervision with grooming and toileting. Independent with ambulation, transferring, and eating. She needs assistance with self-administration of medications. Her status was short term memory loss and was identified as an elopement risk with a special precaution of exit seeking. A facility incident report dated at 5:10 PM reported that resident #5 eloped from the secured memory facility and was found at 6:25 PM (about an hour and half later) by law enforcement at the sidewalk located on Apopka Vineland and Conroy intersection (approximately 5 miles from the facility) and returned to the facility. (Photographic Evidence Obtained) There were no facility notes or documented evidence when resident #5 detailing the elopement incident event from the secured memory care facility. On at 1:25 PM, an interview with both Memory Care Director and Resident Care Director confirmed the findings. On at 3:35 PM, an exit interview with the Administrator confirmed the findings. Class II	{A 025}		

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A 032 A 032 SS=D	Continued From page 3 59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2) (a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the	A 032 A 032			

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A 032	Continued From page 4 resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to make a daily effort to check if 1 of 1 sampled resident (#5) had the identification bracelet on their person that includes the resident's name, facility's name, facility's address, and facility's telephone number as required for residents' high risk for elopement. Findings: Resident #5's record review revealed admission date . The 1823 Health Assessment dated listed medical history of	A 032			

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A 032	Continued From page 5 ... and ... She needs assistance with activities of daily living with bathing, supervision with grooming and toileting. Independent with ambulation, transferring, and eating. She needs assistance with self-administration of medications. Her ... status was short term memory loss and was identified as an elopement risk with a special precaution of exit seeking. A facility incident dated ... at 5:10 PM reported that resident #5 eloped from the secured memory facility and found at 6:25 PM (about an hour and half later) by law enforcement at the sidewalk located on Apopka Vineland and Conroy intersection (approximately 5 miles from the facility) and returned ... to the facility. (Photographic Evidence Obtained) An observation on ... at 1:20 PM revealed resident #5 did not have her elopement identification (ID) bracelet on her person. Resident #5 was asked to show me, and she could not find it. Her husband was visiting today and was trying to look for the ID bracelet but couldn't find it. The husband stated that his wife (resident #5) had it on yesterday. There was no documented evidence that the facility was making a daily effort checking for the ID bracelet on her person. On ... at 1:25 PM, an interview with both Memory Care Director and Resident Care Director confirmed the findings. On ... at 3:35 PM, an exit interview with the Administrator confirmed the findings.	A 032		

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A 032	Continued From page 6 Class III	A 032			
(A 081) SS=D	429.52(1 & 7) FS; 59A-36.011() FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents.	(A 081)			

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{A 081}	Continued From page 7 (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to blood borne pathogens, may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall	{A 081}			

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{A 081}	Continued From page 8 receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident, neglect, and The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED	{A 081}			

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{A 081}	Continued From page 9 Based on personnel record review and interview, the facility failed to ensure that 3 of 4 sampled staff (A, B, C) completed the required in-service trainings within 30 days of employment; and 3 of 4 sampled staff (A, B, C) completed the 2 hours pre-service orientation training before interacting with residents in an assisted living facility. Findings: 1. Med Tech A's personnel record review revealed the date of hire . There was no documented evidence that 2 hours preservice orientation training was completed and no documented evidence that in-service trainings listed below completed: 3 hours in activities of daily living (ADLs) and behavioral training and -needs another . hour in resident rights training. Only hour was completed on . . . found in the file. 2. Caregiver B's personnel record review revealed date of hire . There was no documented evidence that 2 hours preservice orientation training was completed and no documented evidence that in-service trainings listed below completed: 3 hours in ADLs and behavioral training. 3. Caregiver C's personnel record review revealed date of hire . There was no documented evidence that 2 hours preservice orientation training was completed and no documented evidence that in-service trainings listed below completed: 3 hours in ADLs and behavioral training and needs another hour in resident rights training.	{A 081}		

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{A 081}	Continued From page 10 Only . . . hour was completed on found in the file. On at 3:30 PM, an interview with the Business Office Manager confirmed the findings again. Class III	{A 081}		
{A 086} SS=D	59A-36.011(10) FAC Training - ADRD (10) AND RELATED ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between and shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " and Related Level I Training," must address the following subject areas: 1. Understanding 's and related 2. Characteristics of 3. Communicating with residents with	{A 086}		

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{A 086}	Continued From page 11 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility and Related Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. and Related Level II Training must address the following subject areas as they apply to these : 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 5. Medical information. (d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with 's and Related," dated , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. (e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education	{A 086}			

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{A 086}	Continued From page 12 received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents. (g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an educator of caregivers for persons with _____, or related _____, or 2. Three years of practical experience in a program providing care to persons with _____, or related _____, or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with _____, or related _____. (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree	{A 086}			

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{A 086}	Continued From page 13 referenced in paragraph (g). This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on personnel record review and interview, the facility failed to ensure that 1 of 4 sampled staff (A) completed the required 4 hours and Related for Level 1 training within 3 months of employment. Findings: 1. Med Tech A's personnel record review revealed the date of hire There was no documented evidence Level 1 and Related (ADRD) training was completed. On at 3:35 PM, an interview with the Business Office Manager confirmed the findings again. Class III	{A 086}		