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
	AL11965346	A. BUILDING _____ B. WING _____	05/25/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF JACKSONVILLE	3455 SAN PABLO ROAD JACKSONVILLE, FL 32224

(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 quarterly Extended Congregate Care (ECC) survey was conducted at Harbor Chase of Jacksonville in Jacksonville, Florida on , 2012. Deficient practice was identified as a result of the survey.	A 000		
AE207	58A-5.030(8) FAC ECC - Services (8) EXTENDED CONGREGATE CARE SERVICES. All services shall be provided in the least restrictive environment, and in a manner which respects the resident ' s independence, privacy, and dignity. (a) An extended congregate care program may provide supportive services including social service needs, counseling, emotional support, networking, assistance with securing social and leisure services, shopping service, escort service, companionship, family support, information and referral, assistance in developing and implementing self directed activities, and volunteer services. Family or friends shall be encouraged to provide supportive services for residents. The facility shall provide training for family or friends to enable them to provide supportive services in accordance with the resident ' s service plan. (b) An extended congregate care program shall make available the following additional services if required by the resident ' s service plan: 1. Total help with bathing, dressing, and toileting; 2. Nursing assessments conducted more frequently than monthly; 3. Measurement and recording of basic vital functions and weight; 4. Dietary management including provision of special diets, monitoring nutrition, and observing the resident ' s food and fluid intake and output;	AE207		

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AE207	Continued From page 1	AE207		

5. Assistance with self-administered medications, or the administration of medications and treatments pursuant to a health care provider ' s order. If the individual needs assistance with self-administration the facility must inform the resident of the qualifications of staff who will be providing this assistance, and if unlicensed staff will be providing such assistance, obtain the resident ' s or the resident ' s surrogate, guardian, or attorney-in-fact ' s informed consent to provide such assistance as required under Section 429.256, F.S.;
6. Supervision of residents with [illegible] and [illegible];
7. Health education and counseling and the implementation of health-promoting programs and preventive regimes;
8. Provision or arrangement for rehabilitative services; and
9. Provision of escort services to health related appointments.
(c) Licensed nursing staff in an extended congregate care program may provide any nursing service permitted within the scope of their license consistent with the residency requirements of this rule and the facility ' s written policies and procedures, and the nursing services are:
1. Authorized by a health care provider ' s order and pursuant to a plan of care;
2. Medically necessary and appropriate for treatment of the resident ' s condition;
3. In accordance with the prevailing standard of practice in the nursing community;
4. A service that can be safely, effectively, and efficiently provided in the facility;
5. Recorded in nursing progress notes; and
6. In accordance with the resident ' s service plan.
(d) At least monthly, or more frequently if required

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AE207	Continued From page 2 by the resident ' s service plan, a nursing assessment of the resident shall be conducted. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to provide nursing services within the prevailing standard of practice in the nursing community by delegating skilled nursing services to unlicensed staff for 3 of 4 residents reviewed (Residents #1, #3 and #5). The findings included: Interview with Extended Congregate Care (ECC) Supervisor on at 10:06 am revealed the ECC supervisor completed all service plans based on initial assessments. "If we have an order for or O2, that is delegated to the med tech, are managed only by nurses". An interview with the Executive Director (ED) and ECC Supervisor at 11:48 am on revealed that they both were aware that Residents #1, #3 and #5 had orders for stockings. The ED reported that they were being supervised by the Licensed Practical Nurse (LPN) and that the Medication Techs were putting them on and taking them off under the LPN's supervision. The ED reported that the O2 was also supervised by the LPN, but that the Medication techs were trained to take the residents off the cannula. The ED stated that the Medical Techs were all certified nursing assistants and were permitted to complete these task in the nursing home, and therefore, should be able to complete the task in an Assisted Living Facility.	AE207		

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AE207	Continued From page 3 Record review on for Residents #1, #3 and #5 revealed stockings were ordered by a health care professional and documented on the Medication Observation Record (MOR) as a treatment for all three residents. The initials on the MOR were not all legible, but appeared to be documented by the LPNs employed by the facility. Class III Correction Date: , 2012	AE207		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Harborchase of Jacksonville
3455 San Pablo Road
Jacksonville, FL 32224

Dear Administrator:

This letter reports the findings of a state licensure Extended Congregate Care survey that was conducted on 25, 2012 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , **2012** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at -4201.

Sincerely,

Keisha Woods

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KW/sm
Enclosure

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