



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Harborchase of Gainesville
1415 Fort Clarke Boulevard
Gainesville, FL 32606

Dear Administrator:

Re: CCR #2012009366

This letter reports the findings of a complaint survey that was conducted on , 2012 by a representative of this office.

Enclosed 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 (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
<http://ahca.myflorida.com>



Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone (386) 462-6201; Fax (386) 418-5300

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965444	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF GAINESVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1415 FORT CLARKE BLVD GAINESVILLE, FL 32606		
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A 000	Initial Comments On _____ an unannounced compliance survey, CCR 2012009366, was conducted, the facility was found to not in compliance with Chapter 429, Part I, and 408, Part II, Florida Statutes and 58A-5, Florida Administrative Code.	A 000		
A 007 SS=G	58A-5.0181(1) FAC Admissions - Criteria Admission Procedures, Appropriateness of Placement and Continued Residency Criteria. (1) ADMISSION CRITERIA. An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing or limited mental health license: (a) Be at least _____ (b) Be free from signs and symptoms of any communicable _____ which is likely to be transmitted to other residents or staff; however, a person who has _____ may be admitted to a facility, provided that he would otherwise be eligible for admission according to this rule. (c) Be able to perform the activities of daily living, with supervision or assistance if necessary. (d) Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted. (e) Be capable of taking his/her own medication with assistance from staff if necessary. 1. If the individual needs assistance with self-administration the facility must inform the resident of the professional qualifications of facility 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 written informed consent to provide such assistance as required under Section 429.256, F.S.	A 007		

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0899

XNTL11

If continuation sheet 1 of 12

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A 007	Continued From page 1 2. The facility may accept a resident who requires the administration of medication, if the facility has a nurse to provide this service, or the resident or the resident's legal representative, designee, surrogate, guardian, or attorney-in-fact contracts with a licensed third party to provide this service to the resident. (f) Any special dietary needs can be met by the facility. (g) Not be a danger to self or others as determined by a physician, or mental health practitioner licensed under Chapters 490 or 491, F.S. (h) Not require licensed professional mental health treatment on a 24-hour a day basis. (i) Not be bedridden. (j) Not have any _____ or 4 pressure sores. A resident requiring care of a _____ pressure _____ may be admitted provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a physician, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident's record; and 3. If the resident's condition fails to improve within 30 days, as documented by a licensed nurse or physician, the resident shall be discharged from the facility. (k) Not require any of the following nursing services: 1. Oral, _____ or _____ suctioning; 2. Assistance with tube feeding; 3. Monitoring of _____ gases; 4. Intermittent positive pressure breathing _____ or _____ 5. Treatment of surgical _____ or wounds, unless the surgical _____ or _____ and the	A 007		

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A 007	Continued From page 2 condition which caused it have been stabilized and a plan of care developed. (l) Not require 24-hour nursing supervision. (m) Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C. (n) Have been determined by the facility administrator to be appropriate for admission to the facility. The administrator shall base the decision on: 1. An assessment of the strengths, needs, and preferences of the individual, and the medical examination report required by Section 429.26, F.S., and subsection (2) of this rule; 2. The facility's admission policy, and the services the facility is prepared to provide or arrange for to meet resident needs; and 3. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established under Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C. (o) Resident admission criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure 1 of 3 (#1) was appropriate for admissions into an Assisted Living Facility (ALF). Findings: Review of resident #1's admission health assessment (1823) dated _____ revealed that resident #1 requires 24 hour nursing or care. Further review of the health assessment revealed, the resident has,		A 007		

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A 007	Continued From page 3 mobility-wheelchair". Under special precautions it states, Section 1 D. (page 2) the practitioner did not answer the question, "In your professional opinion, can this individual's needs be met in an assisted living facility, which is not a medical, nursing, or facility?" The resident was observed pushing her electronic call bell at 9:57 AM on _____ and at 10:05 AM used her walker to ambulate to the _____ back to her chair and was appeared very unsteady. The resident stated she had to use the _____ could not wait for staff to arrive. Care manager "B" arrived at 10:20 AM. Interview with staff care manager Certified Nursing Assistant (CNA) (staff "B") at 10:23 AM who was answering resident #1's call bell which had been activated 23 minutes prior (was timed by surveyor). Upon entering resident #1's staff "B" stated she had just received the page on her walkie talkie and came immediately into the _____ She stated the AL (assisted living) side gets the call bell alert and transfers the residents in need. She also stated the resident is a 2 person assist and requires 2 people and added that the resident likes for her to get help when she moves her because the resident complains of shoulder pain. Staff "B" added that she heard the resident had a _____ but is not aware of any precautions for the resident. When asked why it took 23 minutes for her to answer resident #1's call bell, the employee stated she answered the "walkie talkie" as soon as she could and added "in the morning I usually start at _____ and work my way down toward resident #1's _____ Interview with Care Manager "A" on _____ at 2:15 PM revealed she stated, "I think they have me not helping her (resident #1) now because		A 007		

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A 007	Continued From page 4 she fell ... much" and added "the resident could probably use 2 people because she has fallen ... much, especially after she took her medicine, she got weaker." The Care manager added that resident #1 fell ... times while under her care, once in the bathroom ... in the hallway. She added the resident's daughter insisted on a change and got a named male caregiver, as a caregiver and she stated the resident also fell ... in his care. Interview with resident #1 on 8/30 9:10 AM revealed she argued with care manager "A" about wanting to sit in her chair and not go to bed. Resident #1 added that during her time at the facility care manager "A" had dropped her several times during transfers and regularly became angry during transfers. Resident #1 stated she had asked for care manager "A" to not be assigned to her, but it took two days for her request to be granted. Resident #1 stated she was afraid of care manager, "A". Record review of resident #1 revealed she has had 4 falls ... 8/25 ... being observed: 8/25 ... report: resident fell ... her knees while using her wheel chair to support her 8/27 ... report: states "arrived in resident's room ... was lying on floor at the foot of her bed on her right side, [no] complaint of pain related to fall, ... apparent injury." 8/27 ... note states, "resident had a fall ... her room ... [staff] present during fall." Report stating resident was walking back to room ... and the walker went faster than she did and resident slid to the floor. No injuries were reported on the resident's incident reports for 8/25 ... 8/25	A 007		

Form 3020-0001

STATE FORM

6899

XNTL11

If continuation sheet 5 of 12

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A 007	Continued From page 5 or in the resident's nursing notes. No incident report was found for the _____ recorded in the resident's progress note on _____ Resident #1's _____ risk assessment dated _____ reported she scored a total of 12 (high risk). Resident's progress note (admission) dated _____ at 12:30 PM revealed about the resident "Gait is unsteady and resident is a _____ risk, "2 person" assistance requested for showering and toileting", that the notation "2 person" was crossed out in the note. Interview with resident #1's daughter on _____ revealed she stated the resident has sustained _____ on her arm, knees, and _____ while a resident at the facility. The resident had _____ 4 times. Class: II	A 007		
A 030 SS=G	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) 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 Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such	A 030		

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A 030	Continued From page 6 procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with Disabilities, 42-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of the Florida Abuse " 1(800)96-ABUSE 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents. (e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility's policies with respect to such issues, for example, as resident responsibilities, the facility's alcohol tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements. (f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law. (g) The facility shall provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private		A 030		

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A 030	Continued From page 7 communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit 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 shall be, at a minimum, an accessible telephone on each floor of each building where residents reside. (h) Pursuant to Section 429.41, F.S., the use of physical _____ shall be limited to half-bed rails, and only upon the written order of the resident's physician, who shall review the order biannually, and the consent of the resident or the resident's representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical _____ 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 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	A 030			

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A 030	Continued From page 8 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 achieve 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 _____ 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) Access to adequate and appropriate health care 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 incapacitated, _____ guardian shall be given at least 45 days' notice of a	A 030		

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A 030	Continued From page 9 nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. 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. (I) 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 special interest groups. This Statute or Rule is not met as evidenced by: Based on record review, interviews, and observations the facility failed to treat 1 of 3 sampled residents (#1) with dignity and respect, and provide an environment free from _____ and neglect. Findings: Review of the facility's grievance log revealed a grievance dated _____ stating that resident #1's cell phone had 180 minutes on it when she moved in to the facility and now she had none. Interview with resident #1 on _____ at 9:10 AM revealed she argued with care manager "A" about wanting to sit in her chair and not go to bed. According to resident #1, care manager "A" cursed at her. Resident #1 added that during her	A 030		

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A 030	Continued From page 10 time at the facility care manager "A" had dropped her several times during transfers and regularly became angry during transfers. Resident #1 stated she had asked for care manager "A" to not be assigned to her, but it took two days for her request to be granted. Resident #1 stated she was afraid of care manager, "A". Interview with resident #1 also revealed that care manager A took her cell phone home over night and brought it back without any minutes. Further interview with this resident revealed that staff member A had taken the phone to make calls on several occasions. The resident was observed pushing her electronic call bell at 9:57 AM on _____ and at 10:05 AM used her walker to ambulate to the _____ back to her chair and was appeared very unsteady. The resident stated she had to use the _____ could not wait for staff to arrive. Care manager "B" arrived at 10:20 AM. Interview with staff care manager Certified Nursing Assistant (CNA) (staff "B") at 10:23 AM who was answering resident #1's call bell which had been activated 23 minutes prior (was timed by surveyor). Upon entering resident #1's staff "B" stated she had just received the page on her walkie talkie and came immediately into the _____. She stated the AL (assisted living) side gets the call bell alert and transfers the residents in need. She also stated the resident is a 2 person assist and requires 2 people and added that the resident likes for her to get help when she moves her because the resident complains of shoulder pain. Staff "B" added that she heard the resident had a _____ but is not aware of any _____ precautions for the resident. When asked why it took 23 minutes for her to answer resident #1's call bell, the employee stated she answered the	A 030			

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A 030	Continued From page 11 "walkie talkie" as soon as she could and added " in the morning I usually start at _____ and work my way down toward resident #1's _____ Interview with Care Manager "A" on _____ at 2:15 PM revealed she stated, "I think they have me not helping her (resident #1) now because she _____ so much" and added "the resident could probably use 2 people because she has _____ so much, especially after she took her medicine, she got weaker." The Care manager added that resident #1 _____ 2 times while under her care, once in the _____ once in the hallway. She added the resident's daughter insisted on a change and got a named male caregiver, as a caregiver and she stated the resident also _____ while in his care. Review of the facility's records revealed a facility staff person received the grievance report and purchased 200 minutes on resident #1's cell phone. Class II	A 030		