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
	AL11965157	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF CORAL SPRINGS	2975 NW 99TH AVE CORAL SPRINGS, FL 33065

(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 abbreviated biennial licensure survey with extended congregate care was conducted on _____. Harborchase of Coral Springs had licensure deficiencies found at the time of the visit.	A 000		
A 092 SS=D	58A-5.020(1) FAC Food Service - General Responsibilities Food Service Standards. (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator or a person designated in writing by the administrator shall: (a) Be responsible for total food services and the day to day supervision of food services staff. (b) Perform his/her duties in a safe and sanitary manner. (c) Provide regular meals which meet the nutritional needs of residents, and therapeutic diets as ordered by the resident ' s health care provider for resident ' s who require special diets. (d) Maintain the in-service and continuing education requirements specified in Rule 58A-5.0191, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, it was determined that the food service manager failed to perform duties in a sanitary manner, failed to ensure that foods prepared by methods that retain their nutritive value and failed to ensure that physician ordered therapeutic diets are followed. The findings include:	A 092		

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A 092	Continued From page 1	A 092		

1) During the Kitchen/Food Service observation tour conducted on [redacted] at 9:30 AM, it was noted that there were 2 ceiling mounted air-conditioning vents located in the dish machine area and food preparation area. Further observation noted that the vent condensation in the food preparation area was potentially dripping down onto fish that was being prepared for cooking. The dish machine vent condensation was noted to be potentially dripping down onto clean dishes and staff working near the vent.

2) During the Kitchen/Food Service observation tour conducted on [redacted] at 9:30 AM, it was noted that the steamer unit was on. The cook stated that spinach was inside the unit and was totally prepared. It was also revealed that the spinach would be held under high heat for over 2 hours until the start of the lunch meal service at 12 noon. It was further revealed from the cook that he was unaware that prolonged cooking and holding vegetables under high heat will negatively effect the nutrient content, appearance, palatability and taste.

3) During the observation of the lunch meal conducted in the main dining [redacted] at 12:15 PM, it was noted that 3 out of 3 residents (Resident #11, #12, and #13) did not receive a mechanical soft diet, as ordered, by their attending physician. It was observed that the 3 residents were served whole chicken pieces (meat on the bone) instead of chopped bite sized boneless chicken pieces. Further investigation revealed that the kitchen had prepared the chopped chicken pieces. However, the dining [redacted] staff failed to inform the cook of the resident's name and diet when ordering the lunch meal. A review of the clinical records for Resident #11, Resident #12 and Resident #13 revealed

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A 092	Continued From page 2 current physician's orders for a mechanical soft diet. Class III	A 092		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Harborchase of Coral Springs
2975 NW 99th Ave
Coral Springs, FL 33065

Dear Administrator:

This letter reports the findings of an abbreviated biennial licensure survey with extended congregate care survey that was conducted on , 2012 by 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 representative. Should you have any questions please call this office at .

Sincerely,

for Arlene Mayo-Davis
Field Office Manager
Division of Health Quality Assurance

AMD/
Enclosure

Headquarters
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Tallahassee, FL 32308
http://ahca.myflorida.com

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