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 _____	R

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 A Follow up Extended Congregate Care Survey was conducted at Harbor Chase on 2012. Deficiencies were identified at the time of the visit.	{A 000}		
A 152	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during	A 152		

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A 152	Continued From page 1 use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be This Statute or Rule is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure an environment was free of hazards in 1 of 5 resident observed, who were receiving services and to ensure 83 of 83 residents were provided a safe living environment. The findings include: During an observation at 9:26 am on , 5 of 5 canisters of portable (O2) from a local (O2) company were observed unsecured by standing in an upright position with no apparatus present to prevent the canisters from falling over. The five canisters were located in the rear corner of Resident This situation presented a potential harm to all residents should the canisters over and explode or unexpectedly propel. During an interview on at 10:06 am, the Acting ECC Supervisor reported that the nurses checked on the residents receiving O2 at least daily to ensure the rate was correct and that the O2 was operating correctly. She reported that the practice of the facility was for O2 canisters to be	A 152		

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A 152	Continued From page 2	A 152		

stored on tripods when they were not in use. She reported that all O2 canisters should be in a tripod or secured from falling over when not in use to ensure resident and facility safety from possible explosion and harm.

Further investigation on [redacted] at 10:15 am included a joint observation of Resident [redacted] with the Acting Extended Congregate Care (ECC) Supervisor and the day shift LPN. During this observation the Acting ECC Supervisor acknowledged that there were 5 loose O2 canisters in the corner of the [redacted] were unsecured. She acknowledged this was not a safe situation. She reported that the O2 canisters with a white tag indicated they were full. Observation revealed a white tag on 3 of the 5 canisters indicating they were full and 2 of the 5 canisters had no white tag, indicating they were empty. The Acting ECC Supervisor reported she would find a box to secure the canisters until the supplier arrived with proper equipment to ensure immediate safety.

During an interview with the Executive Director on [redacted] at 11:10 am, She reported she was not sure the facility had a policy for [redacted] storage specifically. She reported that the practice of the facility was to have the suppliers provide the O2 to the resident. She acknowledged that some of the suppliers do not provide a storage container for the canisters. She reported that when no tripod or stand was provided it was the practice of the facility to ensure the canisters awee located away from the door, in an upright position so that they could not be knocked over.

The Executive Director provided a copy of the "Environment Safety policy" at 11:17 am on [redacted] The policy was reviewed with the

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A 152	Continued From page 3 Executive Director and revealed there was no specific requirement for O2 canister safety, but that under the section: "Environmental Hazards" on page 2 of 3 of the policy, it required staff to "watch carefully for potential environmental hazards and take the appropriate steps to minimize risks. Staff and residents must take proper precautions to ensure a safe environment for everyone". The policy went on to state: "Encountered hazards must be addressed and eliminated immediately". Class III Correction Date: 2012	A 152		

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11965346	A. Building B. Wing	

Name of Facility	Street Address, City, State, Zip Code
HARBORCHASE OF JACKSONVILLE	3455 SAN PABLO ROAD JACKSONVILLE, FL 32224

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix AE207 Reg. # 58A-5.030(8) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date: 10/30/12	Signature of Surveyor: Kusha Wood	Date: 10/30/12
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on:			Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES NO

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

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 revisit survey conducted on , 2012 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiency, identified during the revisit.

The deficiency should be corrected no later than , 2012.

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 (904) 798-4201.

Sincerely,

Keisha Woods

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

KW/sm
Enclosure

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