AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

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

Re: CCR #2012013743

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 2013 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 deficiencies and/or new deficiencies, identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than 2013.**

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,

Stephen Bergin for,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure

BBT7

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965444	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF GAINESVILLE	1415 FORT CLARKE BLVD GAINESVILLE, FL 32606

(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 On an unannounced follow up on a compliance survey CCR2012013743 was conducted at Harborchase Assisted Living facility in Gainesville, Florida. Discernible deficiency was identified as a result of the survey. The facility is not in compliance at this time.	{A 000}		
{A 054} SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider ' s name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication.	{A 054}		

AHCA Form 3020-0001

TITLE (X6) DATE

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

Agency for Health Care Administration

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HARBORCHASE OF GAINESVILLE	1415 FORT CLARKE BLVD GAINESVILLE, FL 32606

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{A 054}	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility did not maintain proper documentation in residents daily medication observation record (MOR) for 6 of 11 residents. (# 1, # 2, # 3, # 4, #7, # 8) Findings: Review of medication observation records revealed the following: 1. Resident # 4 - 8 PM dose of [redacted] was missing written documentation on [redacted]. No explanation noted on the back of the MOR. 2. Resident # 1 - 9 PM dose of Lantus 20 units at bedtime was missing written documentation on [redacted]. No explanation noted on the back of the MOR. 3. Resident # 7 - 5 PM dose of [redacted] 12 units at supper was missing written documentation on [redacted]. No explanation noted on the back of the MOR. 4. Resident # 8 - 10 AM dose of [redacted] 25 mcg. and 10 AM dose of [redacted] patch was missing written documentation on [redacted]. No explanation noted on the back of the MOR. 5. Resident # 2 - 5 PM dose of [redacted] 23 mg. on [redacted] and 7 AM dose of [redacted] 125 mcg. on [redacted] were missing written documentation. No explanation noted on the back of the MOR for both medications. 6. Resident # 3 - 10 AM dose of [redacted] 30 mg. was circled, indicating not given on [redacted]. Back of MOR states [redacted] not given at 10 AM, to call pharmacy ordered stated will be here Interview with the Director of Resident Care on [redacted] at 9:20 AM revealed she was the nurse	{A 054}		

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HARBORCHASE OF GAINESVILLE	1415 FORT CLARKE BLVD GAINESVILLE, FL 32606

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{A 054}	Continued From page 2 on duty on Sunday the 24th of and said that she gave the 9:00 PM dose of Lantus to resident # 1. She stated that she is supposed to come to write a late entry but was off yesterday.	{A 054}		

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11965444	A. Building B. Wing	2/21/2013

Name of Facility	Street Address, City, State, Zip Code
HARBORCHASE OF GAINESVILLE	1415 FORT CLARKE BLVD GAINESVILLE, FL 32606

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 A0077 Reg. # 58A-5.019(1) 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
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Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
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