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
	AL11953368	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBOR MEMORY CARE OF NORTH COLLIEF	101 CYPRESS WAY EAST NAPLES, FL 34110

(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 This is an unannounced Complaint Survey, CCR# 2013000732 which was conducted on [redacted] through [redacted] at Harbor Memory Care of North Collier Assisted Living facility, located at 101 Cypress Way, East, in Naples, FL. 34110. The complaint contained 3 allegations, 2 of which were substantiated during this survey.	A 000		
A 025	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents,	A 025		

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A 025	Continued From page 1	A 025		

changes in the method of medication administration, or other changes which resulted in the provision of additional services.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to contact family related to a significant change for 1 (Resident #1) of 6 residents reviewed; and failed to chart appropriately for 2 (Resident #1 and #2) of 6 residents reviewed.

The findings include:

1. On [redacted]: at 8:30 p.m., Resident #1 was observed on the floor of his [redacted], on his knees, holding on to the wheelchair and bed. The Licensed Practical Nurse (LPN) observed him and completed an assessment. He was wrapped in his blanket and sheets. There was no apparent injury and resident was noted to be "Only slightly out of breath."

There was no documentation of the family member being notified of the [redacted]. The physician was notified via fax at 10:00 p.m.

On [redacted]: at 4:00 p.m., Resident #1 was observed on his back, on the floor. He denied any pain or discomfort and the Licensed Practitioner Nurse (LPN) observed no apparent injuries at the time.
There was no documentation of vital signs being taken and also no documentation of the family member being notified of the [redacted]. The physician was notified via fax at 9:07 p.m.

On [redacted]: at 3:00 a.m., Resident #1 was found on the floor in front of his [redacted]. The resident stated, "I was trying to get my false

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A 025	Continued From page 2	A 025		

There was no apparent injury noted. The resident denies pain.

The physician was notified at 6:00 a.m. There was no documentation of vital signs being taken and no documentation the family was notified of the

On , Resident #1 was documented as being observed on the ground in the courtyard. He was bending forward, causing his wheel chair to tip to his left side. The resident denied pain, discomfort, and distress at the time. His family and physician were notified. There was no documentation for the time of the incident and when the family and physician were notified. The documentation indicated the resident will continue to be monitored. The resident was documented on and as not identifying any documentation time for the services or observations rendered until 10:30 a.m. on

On , Resident #1 was found on the floor in the living with an to his left side of the forehead. There was documentation that the resident stated, "I was trying to tie my shoes and landed on the floor." Physician and family were notified of the . There was no documentation of vitals, the time of the incident, and whether any first aid was given to the . There was documentation on the progress notes, dated , for "Nurses on Call" to return to the facility for care, but it did not indicate what l care is needed and why.

On , at 0300 a.m., Resident #1 was found on the floor in front of his The resident said he "Was trying to get my false

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A 025	Continued From page 3 The physician was faxed and there was a note for 7-3 shift to notify the family when the day shift came on. There was no documentation when and if the 7-3 shift notified the family, as requested by the night shift. 2. On , there was documentation of Resident #2 being observed on the floor in his . He denied any pain or discomfort, but has a on his right . On the Occurrence report, the physician was notified at 0400 a.m. and the name of the resident's spouse is listed under the section "Family member notified." There was incomplete information on whether the family was contacted about the fall skin . , there was no nursing documentation notes for Resident #2 from to 1/11 with all the Physical Therapy, Therapy "Nurse on Call" documentation related to the resident's behaviors in therapy, the need for increased assistance, a decline in progress, fluctuation of status, increased fatigue, reporting he was having pain all over, increase in support for transfer, difficulty positioning for feet when on wheelchair, and observation report from Physical Therapy Occupational Therapy the Facility Care Manager about a lot of bruises the resident's both upper extremities. The nursing notes documentation starts again on 1/11 the x-rays reveal a sub-capital fracture the right hip. When asked about the gaps in documentation for this resident, the facility Administrator explained, "The facility's policy is to document only when something is going on with the resident."	A 025		

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A 025	Continued From page 4 Class III	A 025		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Harbor Memory Care Of North Collier
101 Cypress Way East
Naples, FL 34110

Re: CCR #2013000732

Dear Administrator:

This letter reports the findings of a Complaint survey that was conducted on , 2013 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 , 2013 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 (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372