

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965356	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF TALLAHASSEE		STREET ADDRESS, CITY, STATE, ZIP CODE 100 JOHN KNOX ROAD TALLAHASSEE, FL 32303		
(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 Extended Congregate Care monitoring survey was conducted at HarborChase Assisted Living Facility. At the time of the monitoring, there was deficient practice identified.	A 000		
AE205 SS=D	58A-5.030(6) FAC ECC - Health Assessment (6) HEALTH ASSESSMENT. Prior to admission to an ECC program, all persons, including residents transferring within the same facility to that portion of the facility licensed to provide extended congregate care services, must be examined by a physician or advanced registered nurse practitioner pursuant to Rule 58A-5.0181, F.A.C. A health assessment conducted within 60 days prior to admission to the ECC program shall meet this requirement. Once admitted, a new health assessment must be obtained at least annually. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that 2 of 5 Extended Congregate Care (ECC) residents received their health assessments annually. (Residents #1 and #2) The Findings: Record review of Resident #1 health assessment was dated _____ and Resident #2 last health assessment was dated _____ On _____ at approximately 11:01AM an interview was conducted with the ECC supervisor. During this interview the ECC	AE205		

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

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If continuation sheet 1 of 2

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AE205	Continued From page 1 supervisor confirmed Resident #1 last health assessment dated and Resident #2 last health assessment dated The ECC supervisor reported that the residents have been to their doctors, but the doctors are slow about completing the health assessments and returning to her. Class III	AE205		



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Harborage Of Tallahassee
100 John Knox Road
Tallahassee, FL 32303

Dear Administrator:

This letter reports the findings of a extended congregate care state licensure survey that was conducted on , 2013 by a representative of this office.

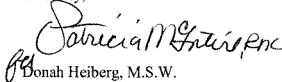
Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit.

Please provide a plan of correction to this Field Office, in accordance with enclosed instructions, for the identified deficiencies **within ten calendar days of receipt of this faxed report**. 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 me at 850-412-4540.

Sincerely,


Donah Heiberg, M.S.W.
Field Office Manager

