AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

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

Dear Administrator:

Re: CCR #2013006031 & 2013007039

This letter reports the findings of a compliance survey that was conducted on , 2013 by a representative of this office.

Enclosed is the provider's copy of the State (5000-3547) 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 (386) 462-6201.

Sincerely,

Stephe Burgi for,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90

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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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965444	07/10/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harborchase Of Gainesville	1415 Fort Clarke Blvd Gainesville, FL 32606	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments
On unannounced complaint survey CCR #2013006031 was conducted at Harborchase Assisted Living Facility in Gainesville Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0162-Records - Resident 58A-5.024(3) FAC
Based on record reviews and interviews the facility did not have a complete record for 1 of 3 residents, for resident number 2.

Findings:

On a record review was conducted on residents #1, #2 & #3 facility contracts. It was observed that resident #2 billing statement did not match his contract with the facility.

Resident #2 facility contract stated that he was to be charged a monthly of $2395.00. A care level 3 fee of $1400.00 per month. A $150.00 medication assistance fee, and a $250.00 a month incontinence supply & management fee. The combined monthly total being $4195.00.

A review of resident #2 monthly billing statement from the facility showed he was being charged the following: A monthly of $5205.00. A care level 3 fee of $1400.00 per month. A monthly medication assistance fee of $150.00, and a $250.00 per month incontinence supply & management fee. For a combined total of $7005.00 per month. The difference between the contract and the monthly bill was $2810.00.

On at approximately 6:00 PM an interview was conducted with the Administrator regarding the $2810.00 difference between resident #2 contract and his monthly bill. She was asked to produce the addendum for the rate increase for resident #2, which she could not do. She said this change was made before she became the administrator of the facility.

Level III