STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965356	**08/08/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harborchase Of Tallahassee	**100 John Knox Road Tallahassee, FL 32303**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A biennial survey (in conjunction with an Extended Congregate Care monitoring revisit) was conducted at Harborchase of Tallahassee on 8/7 - . . . . . At the time of survey there were deficiencies identified.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on resident record review, the facility failed to ensure the completion of the "Resident Health Assessment (1823) form, to ensure continued eligibility for residency for 1 of 3 resident records reviewed. (Resident #15)

The findings include:

On . . . . . a record review was conducted for Resident #15. Resident #15 resides on the facility's Memory Care Unit. The resident was admitted into the facility , at which time the "Resident Health Assessment (1823) form" revealed the resident would require "*Needs Assistance with Self Administration of Meds*". The resident's most recent "Resident Health Assessment (1823) form", dated , failed to specify if the resident needed help with taking his or her medication and what assistance if needed is appropriate.

On at approximately 10:55am an interview was conducted with the Nursing Supervisor. She indicated she is responsible for checking for completeness of the Resident Health Assessment form, and that she had Resident #15 on her list to get back with the physician to complete. It had not been completed yet.

Resident #15 is currently receiving assistance with self administration of medication. Resident #15 was observed during assistance with self administration of medication on

Class III

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0053-Medication - Administration 58A-5.0185(4) FAC
Based on observation and facility record review, the facility failed to ensure physician orders were followed regarding administration times of medication requiring administation of a medication on an empty stomach for 1 of 5 residents observed during assistance with mediciation self administration. (Resident #13).

The findings include:

On [redacted] at approximately 09:50am, an observation was conducted for Resident #13 with Staff member B during self administration of medication. The resident received Levothyroxin 50mcg [redacted] medication), along with four other medications. The instructions on the resident's pill container instructed "1 daily before breakfast". The same instructions were written on the resident's Medication Observation Record, which indicated for it to be taken at 0800. The resident was subsequently asked - if she had already had breakfast. She indicated she had. A review of the physician order, faxed to and renewed by the physician on [redacted] indicated the Levothyroxin with orders to "take one tab by mouth every day before breakfast."

The medication failed to be administered as ordered.

class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) of this office.

Attached 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(s). Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure
XG90

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