STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953368	07/29/2013
NAME OF PROVIDER OR SUPPLIER **Harbor Memory Care Of North Collier**	STREET ADDRESS, CITY, STATE, ZIP CODE **101 Cypress Way East Naples, FL 34110**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

These are the results of an unannounced Compliant Survey, CCR# 2013007733 which was conducted on [redacted] at Harbor Memory Care of North Collier, an Assisted Living Facility (ALF).

The complaint contained 3 allegations, 1 was substantiated.

The following is a description of non-compliance:

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on interview, observation, and record review the facility failed to ensure two of eight Air Conditioning (AC) units, which cool resident areas, at the facility were maintained in working order.

The findings include:

1. The Director of Maintenance (DOM) was interviewed on [redacted] at 10:05 a.m. The DOM confirmed there two of eight AC units in the facility were not working at maximum efficiency. At 10:35 a.m. of the same day, the DOM stated the coils in AC Unit #5 have been sliced and the coolant no longer going through the coils of what he stated is the Condenser of the AC unit. He reported this caused AC Unit #5 to not blow out cool air. The DOM also stated AC Unit #6 trips the facility's breaker and will not turn on. At 10:42 a.m., the DOM reported AC Unit #5 should control the [redacted] hall way and AC Unit #6 should cool the [redacted]; both are hallway outside of residents [redacted]. At 2:32 p.m., the DOM confirmed AC Unit #5 first stopped working properly in [redacted] of 2013 and AC Unit #6 has not been in working order since mid-[redacted].

2. On [redacted] at 10:47 p.m., the DOM was observed trying to turn AC Unit #6 on. AC Unit #6 did not come on.

3. A review of proposals revealed the facility received a proposal from the an Air Conditioning Company on [redacted] for AC Units #5 and #6. The facility also has a proposal from a second air conditioning company for the repairs for AC Units #5 and #6 on [redacted].

4. A review of the facility's Health Inspection Report revealed on [redacted] the facility received an unsatisfactory report from the local health department. The reports states, " [AC] condenser Units #5 and #6 are not working properly."

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

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

Re: CCR #2013007733

Dear Administrator:

This letter reports the findings of a complaint survey completed on 2013 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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