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 #2013008334 & 2013009790
Biennial Licensure

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) 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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure

Headquarters
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 | 09/18/2013 |
| 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 - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D

**Specific Tag Findings:**

0000-Initial Comments

An unannounced biennial licensure survey with ECC and an unannounced complaint surveys #2013008334 and #2013009790 were conducted on 17 and 18, 2013, at Harborchase of Gainesville in Gainesville, Florida. Discernible deficiencies were identified as a result of these surveys. The facility was not in compliance with 429.01-429.54, Part I & 408, Part II, Florida Statutes, and 58A-5 & 59A-35, Florida Administrative Code.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review, and interview the facility failed to ensure a safe living environment and adequate/appropriate health care consistent with established standards for 2 of 12 sampled residents (#s 11 & 12).

Findings:

1.) Review of Resident #11's closed record, while he was in the Memory Unit revealed he had suffered . One Risk Assessment was completed upon his admission on . He received a score of 8 which represents medium risk. The Nurse's Notes dated the resident was found on the floor with no new injuries. There is no reassessment for or new directives/interventions commenced. On , the Notes indicate the Licensed Practical Nurse on duty observed the resident with an unsteady gait and "almost when I attempted to assist him to a chair". The Paramedics were called to transport him to the hospital for evaluation. It states the x-rays were normal and he returned the same day. There was no risk reassessment or new interventions documented for staff. On , the Licensed Practical Nurse write she noticed increased in the right leg and the resident expresses pain. An x-ray report dated states there are no noted. There is no updated intervention or care directives given to the staff. There is no further review of the resident by anyone including On the resident was " found on floor kneeling on the bed, asleep". "Able to ambulate independently and expresses pain". No further information is available. On , the resident was witnessed by case manager when backward in chair in dining area and hit the floor. The right side of his head hit the floor. Paramedics were called, no injuries noted and he remained in the facility. No further information was available. On at 6:00 AM, the resident was found by case manager when she heard a loud noise and found him on the floor, between the bed and the . No injuries were noted. On /13 at 8:30 PM the resident was found on the floor in the memory unit., laying in unable to move to do an assessment due to pain. The resident was transported to the emergency that time. He did not return to the facility. A handwritten note on their fax to the resident's physician informing him of the states "according to Hospital notes, he probably has a hip The fax was sent to the physician on at 9:27 AM. The ARNP signed off on the reports dated and on . There was no further information provided.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965444 | 09/18/2013 |
| 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)

Review of the ... Policy for the facility dated ... is entitled "Post ... Observation". Number 7 states to " Communicate any resident care changes".

During an interview with the Director of the Memory Care Unit on ... at approximately 2:30 PM, she had no information regarding Resident #11's .....

During an interview with the past Administrator and the Director of Resident Care on ... at approximately 2:00 PM, they stated Resident #11 went to a skilled nursing facility since there was a ..... They stated there is no resident specific written care plan or program for ... They use the same ... prevention techniques for all the residents. They do not reassess for ... until a resident returns from the hospital with new forms.

2.) Review of Resident #12's record revealed Nurse's Notes stating the following: she suffered from a ... on ... with a "bump to the head", she was transferred to the hospital emergency ... subsequently returned to the facility. On ... 1:45 AM, the Nurse's Notes states the resident was found on the floor. Paramedics evaluated her and there were no injuries. On ... the resident's x ray reports revealed no ..... She requested to go to the hospital due to severe back pain. She returned to the facility on ... The Nurse's Notes on ... at 6:40 PM, state the resident was found on the floor, she stated she tripped and ..... The Nurse's Note dated ... at 8:45 PM state "went to assess RT & she had acute mental status, 02 desaturation. The ARNP and doctor were notified and the resident went to the hospital emergency ..., written by the Licensed Practical Nurse. On ... the resident returned from the hospital. On ... the" resident was found on the floor of the ... 10:15 PM with the cause unknown, with no apparent injuries" written by the Licensed Practical Nurse. On ... the resident requested to be sent to the hospital due to back pain, where she was admitted. There was no further information regarding any steps taken to ensure further ... prevention. No reassessments or new directives were found.

Further review of Resident #11's record revealed a ... Assessment dated ... with no updates, even though the resident had been hospitalized and returned to the facility, several times within a short period.

During an interview with 2 Resident Care Staff assigned to areas Resident # 11 & 12 lived in previously, on ... beginning at 1:00 PM, had no information with specific directions or interventions for each resident.

During an interview with the Director of Resident Care on ... at 11:00 AM, she stated she had paperwork with ... precautions for each resident located on the floor. She confirmed Residents #s 11 & 12 were not in the building. She had no response regarding any reassessment, investigation or intervention changes that might be done after a resident has a ..... She stated the facility has asked a medical group to work with the facility on ... starting next Monday.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to verify freedom from communicable ..... for the one of three sampled employees.

Findings:

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965444 | 09/18/2013 |
| 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)

A record review conducted on , 2013, revealed that the facility could not verify that employee B is free from communicable . An interview was conducted with the administrator on , 2013. She acknowledged that the file did not contain the required documentation.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on interview and record review, the facility failed to ensure that two of three sampled employees received all required training.

Findings:

A record review, conducted on , 2013, revealed: one of three employees reviewed (employee B) had not been trained on resident rights; one of three employees reviewed (employee C) had not been trained on ADL and behavioral needs; one of three employees reviewed (employees C) did not receive control training; two of three employees reviewed (employees B and C) did not complete elopement response training; one of three employees reviewed (employee B) did not receive emergency preparedness and evacuation training; two of three employees reviewed (employees B and C) did not receive safe food handling training; and two of three employees reviewed (employees B and C) did not receive recognizing/reporting training.

During an interview with the administrator on 2013, she acknowledged that the employee files did not contain the required verification of training.

Class III