STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963919	11/01/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harborchase	2960 Tampa Road Palm Harbor, FL 34684	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013008688, was conducted on .

The Harborchase, assisted living facility, had a deficiency found at the time of the visit.

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on record review and interview, the facility failed to provide a therapeutic diet that was ordered by a health care provider for 1 (#1) of 3 residents sampled for diets.

The facility offers three diets: regular, no added salt and consistent (CCHO). The health assessment dated for Resident #1 stated the resident was to have a low residue diet. The facility does not offer a low residue diet.

The administrator stated on at 2:30 p.m. the facility does not have a low residue diet but used the foods that the daughter listed for his meals to prepare his low residue diet. The facility did not contact a registered dietician to create a low residue diet for the resident.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Harborchase
2960 Tampa Road
Palm Harbor, FL 34684

Dear Administrator:

Re: **CCR# 2013008668**

This letter reports the findings of a complaint 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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