STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964731	05/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harbor Point Alf, Inc.	1045 Harbor Lake Drive Safety Harbor, FL 34695	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An abbreviated biennial state licensure survey was conducted ... through .....

The Harbor Point ALF, Inc. had a deficiency at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC

Based on observation, interview, and record reviews, the facility failed to maintain an up to date medication observation record (MOR) for 1 of 3 resident's whose medication records and medications on hand in the facility were observed.

The 2014 MOR for Resident #3 was observed on ..... at 12:30 P.M. At the same time, the medications stored for this resident were observed. The MOR listed Carbi-levo-enta 150 mg take 1 three times a day with times listed as 8 A.M., 4 P.M. and 8 P.M. Medications were marked by staff as given at all times between and .

The medication bottles/containers for Resident #3 were observed at this same time. There was no Carbi-levo-enta observed. The administrator was interviewed at 12:45 P.M. and she called the pharmacy because she stated that she was certain that this medication had been discontinued and that the pharmacy kept listing it on the MOR anyway.

Observation revealed that staff was documenting that the resident was receiving Carbi-levo-enta even though the facility did not have the medication. An interview was conducted with Staff D at 1:00 P.M. and he stated that he could not explain why he had been documenting that a medication was given when the facility did not have the medication to give and that he was certain that it had been discontinued some time ago.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Harbor Point ALF, Inc.
1045 Harbor Lake Drive
Safety Harbor, FL 34695

Dear Administrator:

This letter reports the findings of an abbreviated biennial state licensure survey that was conducted 8-23, 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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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