STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965346	06/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harborchase Of Jacksonville	3455 San Pablo Road Jacksonville, FL 32224	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced complaint survey, CCR #2014005765, was conducted at Harborchase of Jacksonville on ... 13, 2014. A licensure deficiency was identified as a result of the survey.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and interview the facility failed to ensure medications were taken for 1 un-sampled resident (Resident #4).

On ... at 9:35 AM an observation of Resident #4 with medications observed at bedside. The surveyor observed 5 pre-poured pills in the medication cup. Resident stated, she left them for me. He said, I can take them while you are here. He proceeded to take his medication. He had 5 ... treatment doses at bedside and a ... machine was observed. The resident stated, "I can set this up myself, it's easy ".

On ... at 10:15 an interview with Employee A the medical tech, stated, "I handed Resident #4 his medications, and he turned the cup up to his mouth as if he were going to take the medication ". She stated she saw 5 ... treatment doses on his bedside table not used and she told him to be sure to do his ... treatment. She also stated that she did not actually stay and observe him take the pills and swallow them.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Harborchase of Jacksonville
3455 San Pablo Road
Jacksonville, FL 32224

RE: CCR #2014005765

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2014 by representatives 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 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 surveyors. Should you have any questions please call this office at .

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure

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