RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Harborchase of Gainesville
1415 Fort Clarke Boulevard
Gainesville, FL 32606

RE: CCR #2014006260

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 by a representative 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 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kristen J. Mennella
Field Office Manager

KJM/amw

Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965444	06/27/2014
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 - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

On unannounced complaint survey, CCR #2014006260, was conducted at Harborchase of Gainesville Assisted Living Facility in Gainesville, Florida. Deficient practices was identified as the time of the survey.

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC
Based on interviews and record reviews the facility failed to file an adverse incident report which involved a law enforcement investigation for 2 of 7 residents.

Findings:

On at approximately 3:10 PM an interview was conducted with resident number #10 in reference to his laptop computer being stolen. He said he had a Toshiba 19 inch laptop stolen from his and the Administrator called the police and they did an investigation.

On at approximately 10:10 AM an interview was conducted with resident #11 in reference to her having 130.00 dollars stolen out of her pocket book on Resident #11 stated she reported the money missing to the administrator and she called the police. The police came and investigated the theft but did not recover the money.

On at approximately 11:25 AM an interview was conducted with the Administrator regarding the two thefts from resident #10 and #11 and if she filed an adverse incident report concerning the law enforcement investigation. She stated she could not find any record of filing an adverse incident on the reported thefts for resident #10 and #11.

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0167-Resident Contracts 58A-5.025 FAC
Based on interviews and record reviews the facility failed to give a 30 day notice before a rate increase for 1 of 7 residents (#5).

Findings:

On at approximately 10:30 AM a interview was conducted with resident #5 in reference to receiving a 30 day notice for a rate increase from the facility. She stated she knows that there was a rate increase but she was unsure if she received a written notice. She said her sister was her power of attorney and she would know for sure.

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On at approximately 11:19 AM an interview was conducted with resident #5 POA by phone. The POA stated that the facility raised her sisters contract rate by 700.00 dollars this year because they stated she needed a higher level of care. She said she was on vacation at the time and they did not receive a thirty day notice of the rate increase.

On at approximately 11:25 AM an interview was conducted with the Administrator regarding the rate increase of 700.00 dollars for resident #5 and if the provided a 30 day notice. The Administrator stated that the facility did not provide a 30 day notice of a rate increase because it was an increase for her level of care and not the base contract fee. She was asked if the rate increase changed the amount resident #5 had to pay to live in the facility and she stated yes.

On a record review was conducted on resident #5 contract. It was observed that on resident #5 had a rate increase of 700.00 dollars and there was no notice of a rate increase.

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