STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965346	07/17/2014
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 - E206 - 58a-5.030(7) Fac - Ecc - Service Plans S-S= D
St - A - E208 - 58a-5.030(9) Fac - Ecc - Records S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Extended Congregate Care (ECC) monitoring survey was conducted at Harborchase of Jacksonville on . 2014. Licensure deficiencies were identified as a result of the survey.

E206-ECC - Service Plans 58A-5.030(7) FAC
Based on record review and staff interview, the facility failed to ensure that Resident Service Plans were reviewed with the resident or responsible party on a quarterly basis for 3 of 3 sampled residents receiving Extended Congregate Care (ECC) services. (Residents #1, #2, and #3)

The findings include:

A review of the clinical records for Residents #1, #2, and #3 on revealed the following Extended Congregate Care (ECC) admission dates:
Resident #1 -
Resident #2 -
Resident #3 -

A review of the ECC Service Plans for Residents #1, #2 and #3 revealed a place on the form for the resident's or the responsible party's signature, indicating that they were included in the ECC service plan review and update both initially and on a quarterly basis. For each of the sampled residents, this place on the form was left blank. (Photographic evidence obtained)

An interview with the Director of Resident Care on at approximately 11:30 a.m. confirmed that Residents #1, #2 and #3 had not signed their service plan forms. The Director of Resident Care confirmed that the residents' signatures were how the facility documented attendance and inclusion in the service plan meetings. She stated that she was otherwise unable to provide documentation confirming that Residents #1, #2 and #3 were included in their service plan meetings.

Class III

E208-ECC - Records 58A-5.030(9) FAC
Based on record review and staff interview, the facility failed to maintain a comprehensive monthly nursing assessment for 3 of 3 sampled residents reviewed for Extended Congregate Care (ECC) services. (Residents #1, #2 and #3)

The findings include:

A review of clinical records and ECC binder for Residents #1, #2 and #3 on revealed that there was no comprehensive monthly nursing assessment available for review for any of the sampled residents. The form that the facility was using as its monthly nursing assessment was labeled Assisted Living ECC/LNS Florida Monthly Assessments. A space was available on the form for documenting weights, , elopements, behavioral/health

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issues, new medications or adverse reactions to medications, and skin integrity issues. All of this information was left blank for all three sampled residents. Underneath that section of the form were separate monthly spaces. Each included a space for the date, vital signs, and a small area for a "summary of review". In this summary of review was essentially a nurse's note related only to specifics regarding each resident's ECC services. This note was the same as the note that the nursing staff was expected to document in the ECC progress notes. Additionally, each monthly section of the form included a different risk area check-off line/box such as Risk Completed" in or "LOC review completed" in , etc. These areas on the forms were not completed for any of the sampled ECC residents.

During a interview with the Director of Resident Care at approximately 11:45 a.m., the need for a comprehensive monthly nursing assessment was discussed. The Director of Resident Care acknowledged that a change needed to be made to the current monthly documentation, and she agreed that the information currently documented did not constitute a comprehensive nursing assessment.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure Extended Congregate Care survey that was conducted on , 2014 by a representative 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 surveyor. 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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