STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965157	07/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harborchase Of Coral Springs	2975 Nw 99th Ave Coral Springs, FL 33065	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced licensure complaint survey, CCR# 2014004153 was conducted on thru at Harborchase of Coral Springs. The facility had a deficiency found at the time of the visit.

An unannounced Relicensure survey was conducted in conjunction with this complaint survey. Please see separate report for findings.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on record review and interviews, the facility failed to ensure that 1 out of 3 sampled residents (Resident #1) was assessed and evaluated after significant changes in health status to ensure appropriate care and supervision was provided and that the resident was appropriate for continued residency.

The Findings Include:

Record review conducted of Resident #1 revealed an admission date of and a discharge date of Review of Resident #1's current Health Assessment (AHCA form 1823) dated revealed diagnose of (A-Fib), gait disturbance, regurgitation, and Resident#1's AHCA form 1823 indicated the following assistance levels for Activities of Daily Living (ADLs): ambulation and bathing with moderate physical assistance, dressing with minimal physical assistance, and independent with transferring. Physical or sensory limitations were noted as periods of decreased vision, and ambulates with walker. Services requirements on the 1823 were noted as medication management, Physical /Skilled Nursing evaluation 'SN) and treatment, and lab monitoring. Resident #1's Behavioral Status was documented as alert and oriented times three with periods of forgetfulness. There were no special precautions, including risk, noted on the AHCA form 1823.

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A review of three Resident/Visitor Incident/Occurrence Reports provided to the surveyor revealed the following:

a. Incident Report dated : Resident #1 had a on . The resident was found by a Medical Technician (Med Tech) sitting on the . An open area was noted to her right eyebrow. Resident #1 complained of her inability move her right arm and expressed right shoulder pain. According to the report, the resident stated she used the toilet, got up from the toilet, lost her balance and . She was taken to hospital by paramedics and assessed with a laceration to right eyebrow and was unable to move her right arm. The hospital physician ordered a follow-up with an Orthopedic doctor. The intervention on the report was to remind resident to use her call bell.

b. Incident Report dated : Resident #1 had a on . The resident was observed in a sitting position on the . She stated, " I was trying to get out of the I . " She had no apparent injures and voiced no complaints of discomfort or pain. The interventions noted on the report were to encourage resident to use the call light and wait on staff for help.

c. Incident Report dated : Resident #1 had a on . She was found on the floor upon arrival by the Care Manager to her . The resident was observed lying on her back. She stated, " I while I was leaving the my " was noted to the resident's face and carpet, but no active upon arrival by the Care Manager. Resident #1 had complaints of pain to her left shoulder. She was transferred to hospital by paramedics. The incident Report noted the injury type as . The report indicated the body parts injured were the resident's nose, right eye, left shoulder, and back of head (hematoma per paramedics). The nurses ' instructions on the report indicated to encourage resident to use the call light and wait on staff for assistance. Interventions to prevent occurrence from happening again was blank.

Further record review indicated a Resident Initial Assessment dated for Resident #1. She was listed as independent in mobility, no history of and uses a walker. The first Resident Personal Service Plan and Assisted Living Evaluation dated indicated Resident #1 was dependent on a walker for mobility. The second Personal Service Plan and Assisted Living Evaluation dated indicated she was dependent on a wheelchair for mobility. The Assessment indicated Resident #1 needed verbal direction and no physical direction in using her walker. The assessment indicated she needed no verbal direction but physical direction in using her wheelchair. On both evaluations, Resident #1 was listed as having one in the last 3 months. Transfer assist had increased as she was listed as needing no assistance for transferring on and noted as needing one-person transfer assistance on .

In an interview conducted on at approximately 11:10 AM, the Resident Care Director (RCD)

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stated that resident assessments are completed upon admission, 30 days after admission, and after significant changes in resident ' s health status. She stated an evaluation was completed and the resident's care plan was changed on from a care level 2 to a 3. After a resident , the RCD stated the staff completes mandatory 72-hours of documentation. She stated that residents are checked on more than the " normal 2-hour checks. " She stated when a resident comes back to the facility from the hospital, a head-to-toe check is completed. She stated, " We know from that (head-to-toe check), if the resident needs more care and we contact the family and discuss it with them. "

In the aforementioned interview, the RCD stated if a resident had a lot of . " We would assess to see if they needed a hospital bed, may check for , recent medication changes, and check their to see if that contributed to the . She stated, " We try to get as much information about the as we can, for example, what they were doing right before the , were they were they using their assistive device. " She added, " Since she (Resident #1) didn't have any from out of bed, she did not need a hospital bed or side floor mats. " She further added, " She was falling because her gait was off and only Physical can evaluate for that. " The RCD stated that with were not in her control. She added, " We can't foresee what the future is. " She added that although they have , they do not have one-on-one supervision.

The RCD added that the Resident Personal Service Plan and Assisted Living Evaluation was the Plan of Care they follow. She stated, " If there is a significant change, then we have to go back to the drawing board for the care plan and change it, for example, if a resident needs more assistance with mobility. "

Record review of Risk Assessments Status reports indicted Resident #1 was assessed on with a Risk Score 7 on a scale of 0-10. The Risk Score was assessed as a 9 on . The reason for both assessments was indicated as quarterly. The RCD stated on at approximately 11:45 AM, that the aforementioned assessments have not been used since she started working at the facility sometime in She added that the Resident Personal Service Plan and Assisted Living Evaluation is considered the assessment and care plan.

Record review of the resident ' s orthopedic clinical record dated revealed the patient was ambulating with a walker prior to her injury and has not been able to ambulate since. The exam revealed the resident had about the right orbit with a laceration with multiple in place from her initial visit to the Emergency Her right upper extremity was immobilized in a cradle sling. The impression from the Orthopedic doctor included a of the right , a laceration to right orbit, and history of gait .

A review of Resident Progress Notes dated indicated the following. Resident #1 was admitted to

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hospital. A family member reported to the facility that Resident #1 had a ..... of the C1 and C2 ..... and right ....

The facility did not have a current Health Assessment (AHCA form 1823) reflective of Resident #1's current ADL levels or current care needs after aforementioned incidents. The AHCA Form 1823 on file for the resident did not document any ..... precautions or risk. The Incident Reports for Resident #1 ' s ..... did not address the components the RCD stated in the aforementioned interview, such as finding out what the resident was doing before the if she was , if she was using her assistive device. During confidential interviews, it was revealed the resident has decreased vision and wears glasses. When asked if the RCD knew if Resident #1 was wearing her glasses prior to the , she stated, " I don ' t know. "

According to the RCD's interview on ..... at 11:10 AM, a resident with a history of ..... would be assessed to see what contributed to the ..... (e.g., , medication changes). There was no documentation to indicate this assessment was completed. According to an interview with the RCD, referenced above, the ..... occurred because Resident #1's gait was off and, " ...only Physical can evaluate that. " A ..... evaluation and treatment was listed on Resident #1's current 1823. However, an evaluation was not completed until ..... These assessments were not completed after significant changes in the resident's status to ensure she was appropriate for continued residency.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Harborchase Of Coral Springs
2975 NW 99th Ave
Coral Springs, FL 33065

RE: CCR #2014004153

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2014 thru , 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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