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|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11965462</b>                 | (X3) DATE SURVEY COMPLETED<br><br><b>08/26/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Harborchase Of Tamarac</b>                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6855 Nw 70th Avenue<br/>Tamarac, FL 33321</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(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

St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

An unannounced Extended Congregate Care Relicensure survey was conducted on \_\_\_\_\_ at Harbor Chase of Tamarac. The facility had deficiencies found at the time of the visit.

**0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC**

Based on observation and interview, the facility failed to follow the proper procedures for providing assistance with self-administration of medication, for 1 out of 3 residents (Resident #16) observed during medication pass.

The findings include:

Observations on \_\_\_\_\_ at 12:13 PM found Resident # 16 receiving the following medications: \_\_\_\_\_ 10 mg. At 12:13 PM, observations during assistance with self-administration of medication revealed Staff B, a Medication Assistant, assisted Resident # 16 with self-administration of medications. Staff B sanitized her hands, put Resident # 16's medication in a cup, gave the medication along with a cup of water to the resident. Staff B did not state the name of the medication to Resident # 16. Staff B observed Resident # 16 take his medication and signed his Medication Observation Record (MOR).

During an interview on \_\_\_\_\_ at 12:25 PM, Staff B was informed of the process for assisting residents with self-administration of medications. Staff B acknowledged her error in not informing Resident # 16 of the names of the medications given to him/her. On \_\_\_\_\_ the Administrator acknowledged the finding.

Class III

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### 0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation, interview, and record review, it was determined that the facility did not dispose a resident's pharmaceutical products within 30 days after the resident was discharged from the facility, for 1 out of 4 residents (Resident # 12) during observation of the facility's medication storage.

The findings include:

During an observation of the medication storage refrigerator on \_\_\_\_\_ at 2:30 PM with the Director of Resident Services (DRS) present, the inside of the refrigerator door contained an open box of BD Ultra- Fine Pen Needles dated for \_\_\_\_\_ and labeled for Resident # 12 who has been discharged from the facility since \_\_\_\_\_. (Photographic evidence obtained)

During an interview on \_\_\_\_\_ with the DRS, she stated she did not know why the box of needles were still in the refrigerator because Resident # 12 was discharged from the facility in \_\_\_\_\_. The DRS stated she will have the box disposed. A record review of the facility's Admission/Discharge Log reveals Resident # 12 was discharged from the facility per family request on \_\_\_\_\_.

In an interview with the DRS on \_\_\_\_\_ at 2:45 PM, inappropriate storage of pharmaceutical products was acknowledged and discussed.

Class III



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

2014

Administrator  
Harborage Of Tamarac  
6855 NW 70th Avenue  
Tamarac, FL 33321

**RE: Relicensure Survey**

Dear Administrator:

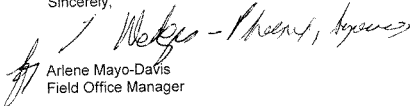
This letter reports the findings of a state relicensure survey that was conducted on 2014 and 2014 by representatives of this office.

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

