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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965462	08/26/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harborchase Of Tamarac	6855 Nw 70th Avenue Tamarac, FL 33321	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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
Harborchase 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

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com