STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968586	09/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harborchase Of Villages Crossing	13517 Ne 86th Ct Lady Lake, FL 32159	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= G
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

Specific Tag Findings:

0000-Initial Comments

On 14-15, 2014 an unannounced Complaint survey, CCR #2014008076, was conducted at Harborchase of Villages Crossing Assisted Living Facility located in Lady Lake, Florida. The facility was not in compliance. Deficiencies were cited.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on record review and interview the facility failed to keep 1 of 11 residents in the sampled safe from harm after documenting multiple incidents where the resident was involved in physical altercations at the facility (Resident #8).

Findings:

A review of Resident #8's clinical record revealed the resident was admitted to the facility's Memory Care Unit on with the diagnosis of with and agitated mood swings.

A review of the Resident #8's Observation Log form 2014 through 2014 revealed documentation, dated were Resident #8 got into an altercation with another resident (name for second resident not documented). Continued review of the note revealed after Resident #8 left the "appear[ed] to be in pain." Further review of Resident #8's Observation Log revealed On staff documented Resident #8 as, "combative on a daily basis." On staff documented that the resident mannerism is exaggerated and often intimidating to the other residents. On staff documented the resident was in an altercation with another resident and when a resident aide attempted to separate Resident #8 from the other resident, he the staff member. Continued documentation revealed a family member observed the altercation and called the police stating she was fearful for the staff member's life.

A review of Resident #8's Observation Log for the 2014 revealed on Resident #8 was involved in an altercation with a resident in Resident #8 received a cut to the upper left lip On Resident #8 was seen entering resident #11's 6:15 p.m. Resident #11's spouse was observed hitting and choking Resident #8. The police were called and Resident #8 was transported to the hospital. Further review of the resident's record revealed that on Resident #8 entered another resident's was pushed to the floor causing an injury to his wrist.

On at approximately 5:00 PM and interview was conducted with the Administrator and the Director of Resident Care. They both stated that they did not understand why resident #8 was a concern because he was not hurting anyone when he entered other residents' he was the one that was being hurt. T he Administrator continued by saying resident #8 will be readmitted to the facility when he is released from the hospital.

Class II

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968586	09/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harborchase Of Villages Crossing	**13517 Ne 86th Ct Lady Lake, FL 32159**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on the review of the medication observation record (MOR) and interview the facility failed to ensure that prescriptions were filled or refilled in a timely manner for 4 (#2, #7 , #9) of 12 residents in the sample.

Findings:

Review of the 2014 MOR for the residents in the memory care unit revealed the following:

1. Resident #2 did not receive the Thera-M caps that were to be taken 1 time a day from 1-14, 2014. Continued review of the MOR revealed that the facility was awaiting the medication from the pharmacy.

2. Resident #7 did not receive the 40 mg medication that was to be taken every day from 3-14, 2014. Staff documented that the medication was unavailable.

4. Resident #9 did not receive the one tab a night medication from 2-14, 2014. This medication was being taken for .

During the interview with the Director of Resident Care on at 2:00 pm she stated that the facility has been experiencing problems with the pharmacy and the facility is looking for a new pharmacy.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Harborchase of Villages Crossing
13517 NE 86th Court
Lady Lake, FL 32159

Dear Administrator:

This letter reports the findings of a complaint, 2014008076, survey conducted on through by representatives of the Agency for Health Care Administration (Agency). Enclosed is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within **ten business days** of receipt of this faxed report.

The inspection resulted in findings of non-compliance in the following areas:

[St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= G
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

Directed Corrective Actions:

1. The Assisted Living Facility is required to establish a written policy to include how your facility will provide initial assessment to all new residents, including residents in the memory care unit. This policy must include steps to assess residents for appropriateness in the facility and memory care unit and how residents will transition from non-memory care to memory care. This policy shall also include a plan indicating how your facility will provide ongoing assessment to residents and how your facility will address incidents placing residents at risk of harm, including but not limited to physical altercations, and elopement. This plan must include documentation of such incidents and your facility's plan to follow-up and address any immediate safety concerns, including completing any required reporting of such incidents to the agency.

2. The Assisted Living Facility is required to have all residents in the memory care unit receive an updated health assessment, signed by a health care provider, indicating their needs can be met in your assisted living facility. This must be completed within 30 days. Resident who no longer meet the criteria for continued residency shall be discharged in accordance with Section 429. F.S.

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14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
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Harborchase Of Villages Crossing
2014

3. The Assisted Living Facility is required to have all residents of the memory care unit must receive an updated internal assessment completed documenting your facility's plan to

provide the level of supervision required to meet their needs and manage their behavior within 30 days.

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please call this office at (386) 462-6201

Sincerely,

Kristie Menhella
Field Office Manager

KJM/jjh

Enclosure

Received by:

11/6/14
Date:

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

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