STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965356	10/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harborchase Of Tallahassee	100 John Knox Road Tallahassee, FL 32303	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments
ECC/monitoring

On , an unannounced Extended Congregate Care monitoring survey was conducted at HarborChase Assisted Living Facility. At the time of the monitoring, there were deficiencies identified.

E205-ECC - Health Assessment 58A-5.030(6) FAC
Based on staff interview and record review, the facility failed to ensure that 1 of 3 Extended Congregate Care (ECC) residents health assessment was updated annually. (Residents #1)

The Findings:

A record review was conducted of Resident #1 health assessment. It was last dated

On at approximately 12:00p.m, an interview was conducted with the Director of Resident Care and Director of Memory Care. During this interview they both confirmed that resident #1's last health assessment was dated on

Class III

E206-ECC - Service Plans 58A-5.030(7) FAC
Based on staff interview and record review the facility failed to ensure that 1 of 3 sampled resident's service plan was reviewed quarterly. (Resident #3)

The Findings:

A record review was conducted of Resident #3 service plan. The initial plan was dated . The 1st review was done . The 2nd review was not conducted through

On at approximately 12:00p.m, an interview was conducted with the Director of Resident Care and Director of Memory Care. During this interview they both confirmed that resident #3's service plan was not reviewed for the 2nd quarter for the months of through

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965356	10/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harborchase Of Tallahassee	100 John Knox Road Tallahassee, FL 32303	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

E207-ECC - Services 58A-5.030(8) FAC
Based on staff interview and record review the facility failed to ensure that 3 of 3 sampled resident monthly assessments were updated on a monthly basis. (Resident #1, #2 and #3).

The findings:

A record review was conducted of Resident #1 monthly assessment it was last done on . . Resident #2's last monthly assessment was done on . . . . . Resident #3 last monthly assessment was done on . . . . . .

On . . . . . at approximately 12:00p.m, an interview was conducted with the Director of Resident Care and Director of Memory Care. During this interview they both confirmed the above dates of all three residents' assessments.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Harborchase Of Tallahassee
100 John Knox Road
Tallahassee, FL 32303

RE: ECC Monitoring

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by representative(s) 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(s). Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure
XG90

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