STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911215	01/27/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harbour Terrace	23013 Westchester Blvd Port Charlotte, FL 33980	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= B

Specific Tag Findings:
This is the results of a Change of Ownership Survey conducted on through at Harbour Terrace Assisted Living Facility located in Port Charlotte, Florida.

At the time of the survey the following deficiencies were identified.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview the facility failed to ensure 3 (The Health and Wellness Director, Staff C, and Staff E) of 6 staff reviewed had the required verification of freedom from

The findings include:

1. Record review for the Health and Wellness Director (HWD) found she was hired on . The most current documentation of freedom from was an X-ray result dated

On at 2:00 p.m. the HWD said that she has no additional documentation of freedom from She said she thought the X-ray was good for 3 years.

2. Record review for Staff C found her hire date was . There was no verification of freedom from

3. Record review for Staff E found her hire date was . Her record had the results of a skin test completed on The results of this test was completed by a Licensed Practicing Nurse. There was no statement from a health care provider stating Staff E had no signs of any communicable including

4. On at 2:00 p.m. the HWD said she has no additional documentation of freedom from for Staff C or Staff E. She said they are working to schedule Staff C and Staff E to complete this requirement.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview the facility failed to ensure 4 (Staff A, C, D, and E) of 6 staff reviewed had all of the required training.

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The findings include:

1. Record review for Staff C found she had a hire date of . . . Staff C had no documentation of having received the required training in . . . . Control, Elopement, Emergency Procedures, Incident Reporting, Resident's Rights, and Recognizing and Reporting Neglect.

2. Record review for Staff E found she had a hire date of . . . . Staff E had no documentation of having received the required training in . . . Control, Elopement, Emergency Procedures, Incident Reporting, Resident's Rights, Recognizing and Reporting Neglect, Activities of Daily Living, and Understanding Resident Behavior.

3. Record review on . . . revealed Staff A was hired as direct care staff on , and Staff D was hired as direct care staff on .

Record review revealed both Staff A and Staff D lacked the required training in the facility's Emergency Procedures; the facility's Elopement Response Policy; Resident Rights; Recognizing and Reporting Neglect, and and Incident Reporting.

4. On . . . at 9:30 a.m. the Administrator and the Health and Wellness Director said they had a Human Resource Person who failed to monitor staff training. He is no longer with the facility. They will be working to correct the issue.

Class III

0082-Training - . . . . 58A-5.0191(3) FAC

Based on record review and interview the facility failed to ensure 4 (Staff A, C, D, and E) of 6 staff reviewed required training in .

The findings include:

1. Record review for Staff C found she had a hire date of . . . . Staff C had no documentation of having received the required training in . . . .

2. Record review for Staff E found she had a hire date of . . Staff E had no documentation of having received the required training in . . .

3. Record review on . . . revealed Staff A was hired as direct care staff on , and Staff D was hired as direct care staff on . .

Record review for Staff A and Staff D revealed they lacked a one-time 2-hour . . . training required within 30 days of employment.

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4. On . at 9:30 a.m. the Administrator and the Health and Wellness Director said they had a Human Resource Person who failed to monitor staff training. He is no longer with the facility. They will be working to correct the issue.

Class III

0090-Training - . . . . . 58A-5.0191(11) FAC
Based on record review and interview the facility failed to ensure 4 (Staff A, C, D, and E) of 6 staff reviewed required training in Do Not Resusitate Orders .

The findings include:

1. Record review for Staff C found she had a hire date of . Staff C had no documentation of having received the required training in .

2. Record review for Staff E found she had a hire date of . . . Staff E had no documentation of having received the required training in . . . .

3. Record review on . . . . . revealed Staff A was hired as direct care staff on , and Staff D was hired as direct care staff on . . . .

Record review for Staff A and Staff D revealed they lacked at least one hour of training in the facility's . . . . . Policy and Procedures, which is required within 30 days of employment.

4. On . . . at 9:30 a.m. the Administrator and the Health and Wellness Director said they had a Human Resource Person who failed to monitor staff training. He is no longer with the facility. They will be working to correct the issue.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on record review and interview the facility failed to appropriately document training for 3 (Staff C, D, and E) of 6 staff reviewed.

The findings include:

Record review for Staff C found she had a hire date of . . . . .

Record review for Staff D found she had a hire date of . .

Record review for Staff E found she had a hire date of . .

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Documentation for training for Staff C consisted of an "Annual In-Service Agenda" Document. This Document listed under the column "Class" 1 hour, Control 30 minuets, Resident's Rights 30 minuets, Incidents and prohibition 1 hour. Staff C signed the form on The Form had the name of the "Facilitator" for each class. The form did not have the facilitator's signature. The facility also provided a computer printer out of "In Service History." This print out listed these classes. The documentation did not include class agenda.

Documentation for training for Staff E consisted of an "Annual In-Service Agenda" Document. This Document listed under the column "Class" 1 hour, Control 30 minutes, Resident's Rights 30 minutes, Incidents and Prohibition 1 hour. Staff E signed the form on The Form had the name of the "Facilitator" for each class. The form did not have the facilitator's signature. The facility also provided a computer printer out of "In Service History." This print out listed these classes. The documentation did not include class agenda.

On at 2:00 p.m. the Administrator and the Health and Wellness Director said they did not realize that documentation of training required a certificate with appropriate information.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Harbour Terrace
23013 Westchester Blvd
Port Charlotte, FL 33980

Dear Administrator:

This letter reports the findings of a Change of Ownership survey that was completed on , 2015 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 surveyors. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Jon Seehawer, RN
Acting Field Office Manager

JS
Enclosure: State Form

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida