STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953368	11/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harbor Memory Care Of North Collier	101 Cypress Way East Naples, FL 34110	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - E206 - 58a-5.030(7) Fac - Ecc - Service Plans S-S= D

Specific Tag Findings:
An unannounced Extended Congregate Care (ECC) survey was conducted on [redacted] at Harborchase of Naples, an Assisted Living Facility (ALF) in Naples, Florida.

The following deficiency was cited during this visit:

E206-ECC - Service Plans 58A-5.030(7) FAC
Based on record review and interview, the facility failed to ensure service plans were agreed upon by residents or residents' representative in 2 (Residents #1 and #2) out of 2 records reviewed.

The findings include:

1. On [redacted] review of Resident #1's service plan dated [redacted] and updated [redacted], revealed no signature of the resident or the resident's representative. No other documentation was available to determine if Resident #1 or her Power of Attorney/ Health Care Surrogate (POA/HCS) was in agreement with the service plan.

2. Review on [redacted] of Resident #2's service plans, dated [redacted] and updated [redacted], revealed no signature of Resident #2 or the resident's representative. No other documentation was available to determine if Resident #2 or his POA/HCS was in agreement with the service plan.

3. During an interview on [redacted] at 3:05 p.m. Resident #1 stated, "I do not remember signing a service plan. I do not remember anyone talking to me about it."

4. During an interview on [redacted] at 3:15 p.m. Resident #2 stated, "I don't know anything about a service plan. I didn't sign anything."

5. During an interview on [redacted] at 4:40 p.m. the Resident Care Director confirmed that the service plans were not signed by the residents or residents' POA/HCS and there is no other documentation to confirm agreement. The Resident Care Director stated, "Resident #2's son usually comes around dinner time and will be here today. I will have him sign."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Harbor Memory Care Of North Collier
101 Cypress Way East
Naples, FL 34110

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 this office at 335-1315.

Sincerely,

Jon Seehawer, R.N.
Acting Field Office Manager

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Enclosure: State Form

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