STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965462	**04/03/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced licensure complaint survey, CCR# 2015000593, was conducted on at Harbor Chase of Tamarac. The facility had deficiencies found at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the assisted living facility (ALF) failed to ensure a resident's Health Assessment form (AHCA form 1823) was accurate and reflective of the resident's current diagnosis, current care needs and services, for 1 out of 3 sampled residents' records reviewed (Resident # 1) .

The findings include:

A review of Resident # 1's file revealed an admission date of Resident # 1's last medical exam documented on the Resident Health Assessment form (AHCA 1823) dated noted the following diagnosis: Elevated Status Post left hip athroplasty, left neck , and .

Further review of Resident # 1's file and medication observation record found a physician's order for Doxcycline 100 mg caps given twice a day for 2 weeks on and for the diagnosis of Resident # 1's file lacked a new AHCA 1823 health assessment form indicating a significant change in health status for the diagnosis of .

During an interview with the facility's Memory Care Director on at 12:10 PM, she stated Resident # 1 had a prescription for Doxcycline 100 mg caps given twice a day for 2 weeks which started on and ended on , and a second dosage started on through for the diagnosis of . In an interview with Director of Nursing (DON) on at 1:42 PM, she stated while Resident # 1 was on this medication, they kept Resident # 1 in isolation until she completed the medication.

In an interview conducted on at approximately 3 PM, the Administrator acknowledged the findings and stated no further documentation was available for review.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, it was determined the facility failed to notify a resident's responsible party regarding a resident's change in their health condition, for 1 out of 3 sampled residents' records reviewed (Resident # 1).

The findings include:

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Record Review of Resident # 1's file found an admission date of . Resident # 1's Resident Health Assessment (AHCA form 1823) dated for . documented diagnosis of , elevated . status post , left . neck status post left hip and . Resident #1's record review revealed an original MD order dated for . for 50 mg sub-Q twice weekly 72-96 hours apart.

An interview was conducted on . at 11:25 AM with Resident # 1's responsible party. Resident # 1's responsible party stated on she discovered a severe . on Resident # 1 ' s chest, arm, and . She stated she informed the Licensed Practical Nurse (LPN) at the facility that Resident # 1 has a severe . Resident # 1's responsible party stated that the LPN said the . was a result of Resident # 1 not receiving the medication . 50 mg from . through . She stated the LPN told her there was a problem with the insurance and the medication order for . 50 mg had not been received. Resident # 1's responsible party stated the facility did not notify her about Resident # 1's change in skin condition or lack of the medication .

On further record review of the Resident # 1's file and progress notes reveal no indication that Resident # 1's responsible party was informed of the severe . on Resident # 1's body in . and no documentation stating that she was informed that the medication refill for ' was not received by the facility and/or insurance problems .

During an interview with the Director of Nursing on . at 1:42 PM, she stated she has no additional documentation available for review. At 1:47 PM, she acknowledged aforementioned finding.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on interview and record reviews, it was determined that the facility failed to ensure that physician order prescription(s), for 1 out of 3 residents' records reviewed (Resident # 1) who receive assistance with their self-administered medications was refilled in a timely manner.

The findings include:

Record Review of Resident # 1's file found an admission date of Resident # 1's Resident Health Assessment (AHCA form 1823) dated for . documented diagnosis of , elevated . status post , left . neck status post left hip and . Resident #1's record review revealed an original MD order dated for . for . 50 mg sub-Q twice weekly 72-96 hours apart. The record review of Resident # 1's Medication Observation Record (MOR) revealed the medication . 50 mg was given twice weekly on Sundays and Thursdays by a home health agency nurse. The record review revealed a refill request order dated on . for Resident # 1's . 50 mg/ml. The refill

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SUMMARY STATEMENT OF DEFICIENCIES
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request order found a hand written note on the bottom of sheet dated for [redacted] stating a follow up with the physicians office for the refill. Further review of the MOR revealed Resident # 1 did not receive [redacted] 50 mg from [redacted] through [redacted], Resident # 1 did not receive [redacted] 50 mg until [redacted], in which the resident's physician and phramacy was notified (Copies obtained).

During an interview with the Administrator on [redacted] at 10:50 AM, she stated the nurses are responsible for obtaining refills of MD prescription orders in a timely manner. In an interview with the Director of Nursing on [redacted] at 1:42 PM, she was informed that it is the responsibility of the Assisted Living Facility to review medications, MOR's and communicate with physician's office and pharmacy in a timely manner. At 1:47 PM, she stated she had no additional information and she acknowledged the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Harborchase Of Tamarac
6855 NW 70th Avenue
Tamarac, FL 33321

RE: CCR #2015000593

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on 2015 by a representative 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 representative. 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

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