AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963919	**05/27/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
HARBORCHASE	**2960 TAMPA ROAD** **PALM HARBOR, FL 34684**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A biennial licensure survey was conducted on [redacted] and [redacted].

Harborchase Assisted Living Facility had deficiencies found at the time of this visit.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based on observation and record review, the facility failed to honor resident rights for one of seventeen sampled residents (Resident# 6). The facility utilized a half bed rail at the foot of the resident ' s bed. Combined with the half bed rails on the sides of the beds, a full bed rail was formed. This prevented the resident from getting out of bed unless someone else moved the rail. assistance.

Findings Include:

On [redacted] at 10:30 a.m., half bed rails were observed at the foot and on both sides of Resident #1 ' s bed.
On [redacted] at 3:30 p.m. the resident ' s husband said that his wife is [redacted] and has been getting up in her sleep. She sits on the side of the bed. He is very concerned she will [redacted] or try to get into her wheelchair on her own.

On [redacted] at 3:54 p.m., the Director of Nursing stated that Resident #6 was not able to get out of bed alone due to the rail at the foot of the bed. She stated that it would be removed and other [redacted] precautions would be put into place.

Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation, record review, and interview, the facility failed to ensure that only licensed staff administered medication to one of five sampled residents (Resident #11).

Findings Include:

Observation of the medication pass performed on [redacted] at 9:35am for Resident #11. Facility unlicensed staff that is trained to assist with self-administered medication administered the medication directly to Resident #11 during the procedure,stating " Resident #11 cannot do it herself. "

Record review of Resident #11 on [redacted] revealed that the 1823 was checked for self-administration.
An interview with the Director of Resident Care confirmed mutual agreement that the unlicensed staff should not have administered the medication directly to Resident #11.

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0053 Continued From page 1

Class III

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

Based upon record review and interview, the facility failed to provide required in-service training for employees for 1 of 3 records reviewed (Employee C).

Findings Include:

A biennial survey of the facility was conducted on and During an employee record review on it was discovered that Employee C ' s personnel file was missing documentation of required training concerning Emergency Preparedness & Evacuation and Resident Rights.

At 11:00 A.M. on the business office manager (BOM) was asked to provide a copy of the employee ' s training certificates. BOM stated that they recently switched training companies and did not have certificates. At 11:30 A.M., BOM provided a partial listing of required training courses for this employee (attached). Neither the personnel file nor listing provided indicates the required training in these areas took place.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based upon record review and interview, the facility failed to provide required training regarding for 1 of 3 records reviewed (Employee C).

Findings Include:

A biennial survey of the facility was conducted on and During an employee record review on , it was discovered that Employee C ' s personnel file was missing documentation of required training in the facility ' s policies and procedures regarding

At 11:00 A.M. on the business office manager (BOM) was asked to provide a copy of the employee ' s training certificates. BOM stated that they recently switched training companies and did not have certificates. At 11:30 A.M., BOM provided a partial listing of required courses for this employee (attached). Neither the personnel file nor listing provided indicates the required training in took place.

Class III

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0091 Continued From page 2

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based upon record review and interview, the facility failed to maintain required documentation of employee training for 1 of 3 records reviewed (Employee C).

Findings Include:

A biennial survey of the facility was conducted on . and . . During an employee record review on , it was discovered that Employee C ' s personnel file was missing certificates indicating that required training was conducted.

At 11:00 A.M. on , the business office manager (BOM) was asked to provide a copy of the training certificates. BOM stated that they recently switched training companies and did not have certificates. At 11:30 A.M., BOM provided only a partial listing of required courses for this employee (attached). Additionally, the listing did not contain required, specific descriptions of the trainings including the subject matter of the training program, the program agenda, a complete description of the number of hours of the training program, the trainee ' s name and dates of participation and the location of the training program.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interviews, the facility failed to ensure that one of three sampled staff ' s personnel records (Employee A) contained documentation of an eligible Level II background screening.

Findings Include:

Record review on . . . . . revealed that there was no documentation of an eligible Level II background screening in Employee A ' s file.

On . . . . . at 12:25 p.m., the Administrator and the Business Office manager confirmed that there was no record of an eligible Level II background screening in Employee A ' s file.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Harborchase
2960 Tampa Road
Palm Harbor, FL 34684

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2015 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. **Please forward documentation of correction to the Field Office.** 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 Paul Brown, HFES at (727) 552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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