AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965356	**07/20/2015**
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF TALLAHASSEE**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 JOHN KNOX ROAD TALLAHASSEE, FL 32303**	

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

0000 Initial Comments

On [redacted] an unannounced Extended Congregate Care Monitoring in conjunction with a revisit survey to (CCR #2015002786, CCR #2015005126 and 2015003903) was conducted at Harbor Chase Assisted Living Facility. At the time of the monitoring deficient practice was identified.

E208 ECC - Records

Based on record review and staff interview the facility failed to maintain progress notes and monthly nursing assessments for 3 of 5 residents (#2, #4 and #5) receiving Extended Congregate Care (ECC) services.

The Findings:

On [redacted] a record review was conducted of five residents receiving ECC services. The record review indicated that 3 of 5 of the residents progress notes and monthly nursing assessments were not done monthly.

1. Resident #2 monthly assessment summary review was last done on [redacted]

2. Resident #4 monthly assessment summary review last dated [redacted]

3. Resident #5 monthly assessment summary review last dated [redacted] Progress notes last dated [redacted]

On [redacted] at approximately 1:00pm an interview was conducted with the Administrator and Director of Memory Care who verified the findings. The Director of memory care reported that the monthly assessments got dropped between the transition of the Director of Health Care.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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 , 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 attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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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