STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965346	07/14/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF JACKSONVILLE	3455 SAN PABLO ROAD JACKSONVILLE, FL 32224

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

0000 Initial Comments

A biennial licensure survey was conducted on Harborchase of Jacksonville had licensure deficiencies found at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on observation and staff interview, the facility failed to ensure the privacy of residents residing on the Memory Care Unit by posting private health information in the main dining area on the unit.

The findings include:

During a tour of the facility on at 9:50 am, observation of the main dining area revealed a sign on the wall near the serving line of the dining contained private health information for residents on the unit. (Photos obtained)

During an interview with the Health and Wellness Director and the Administrator at 3:45 PM on they both stated that they were unaware that the sign was there. The Administrator stated that the sign was put up there by dietary staff to aid them in the serving of the correct food to each resident and should not be where anyone walking by can easily read the information.

Class III

0085 Training - Nutrition & Food Service

Based on employee record review and staff interview, the facility failed to obtain a freedom from communicable statement from 1 employee (B) out of 3 sampled employees.

The findings include:

An employee record review was conducted on as part of the biennial survey. Employee B (Date of Hire: did not have a freedom from communicable statement in his employee file.

During an interview with the Administrator on at 3:15 pm she reviewed the file for Employee B and stated that the form the facility gets from the health care clinic usually has a freedom from communicable statement on it. She stated she could not find it on the documents and it did not contain the statement.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965346	07/14/2015
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF JACKSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 3455 SAN PABLO ROAD JACKSONVILLE, FL 32224	

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

Class III

0152 Physical Plant - Safe Living Environ/Other

Base on observation, policy review and staff interview the facility failed to provide a safe living environment free of hazards for one resident (#14) out of 17 sampled residents.

The findings include:
During an observation of on at 11:35 am tanks were observed to be stored unsecured in a closet area. In the closet one wire rack contained tanks and two plastic milk crates next to the wire rack held smaller tanks. In front of the wire rack were 6 empty tanks stored upright and unsecured. The resident's concentrator was left on and was running with the cannula lying on the floor. Photos obtained. The resident was not in his the observation.

Review of the facility policy and protocol for Safety revealed it stated: " To ensure safety, all full and empty tanks or cylinders will be stored upright and secured in resident's apartments."

During an interview with the Health and Wellness Director on at 3:55 pm in she observed the tanks stored in an unsecured manner and stated that the tanks should not be stored as they were but should be stored inside the milk crates. She stated that the resident that lives in takes care of his own and the nurses don't necessarily come in his check the for him. She stated she would call his daughter to discuss whether or not he should be responsible for his own She lifted a couple of tanks and stated they felt empty but she wasn't sure. The resident was not in his the observation.

Interview with the Administrator at 4:10 pm revealed she was unaware that Resident #14 had been storing his tanks in an unsecured way. She stated they should be secured inside the rack or the milk crates.

Class III

0160 Records - Facility

Based on record review and staff interview the facility failed to maintain an up-to-date Admission and Discharge log.

The findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965346	**07/14/2015**
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF JACKSONVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3455 SAN PABLO ROAD** **JACKSONVILLE, FL 32224**	

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

Review of the facility Admission and Discharge log revealed no information regarding location of facility or home address where the residents were discharged or place from which the residents came prior to moving in.

Interview with the Administrator and the Health and Wellness Director on at 4:15pm revealed they were both unaware that the Admission and Discharge log needed to have this information on it.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Harborchase of Jacksonville
3455 San Pablo Road
Jacksonville, FL 32224

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 14, 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. **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 surveyors. Should you have any questions please call this office at .

Sincerely,

Jana Meyering

Jana Meyering, QIDP
Health Facility Evaluator Supervisor

JD/JM/sm
Enclosure
XG90

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com