RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Harborchase of Villages Crossing
13517 NE 86th Court
Lady Lake, FL 32159

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 16-17, 2015 by a representative of this office.

Enclosed 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Charles Bay for

Kriste J. Mennella
Field Office Manaer

KJM/amw
Enclosure

XG90

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AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968586	12/01/2015
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF VILLAGES CROSSING	STREET ADDRESS, CITY, STATE, ZIP CODE 13517 NE 86TH CT LADY LAKE, FL 32159	

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

0000 Initial Comments

On through a biennial re-licensure survey was conducted at Harborchase of Villages Crossings. Deficient practice was identified during the survey.

0056 Medication - Labeling and Orders

Based on observation, interview and record review the facility failed to place an 'alert' label on medication container that directs staff to examine revised directions on the Medication Observation Record in 1 of 4 reviewed (Resident 13).

Findings:

An observation of medication review was conducted on at 1:33 PM. Staff D, a Medication Tech sanitized her hands. She then read the MOR and label of medication. She poured out two pills (2 mg each) and put them in a medication cup and handed to the resident #13. Resident #13 swallowed the medication with water.

A review of the Medication Observaton Record revealed the following: 2 mg capsule, take 2 caps by mouth before breakfast, 2 caps before lunch, and 2 caps after dinner.

A review of the medication label revealed the following: Take 2 tablets by mouth three times a day as needed. The medication label did not have an 'alert' label to direct staff to examine the revised directions on the Medication Observation Record.

A review of the physician's orders dated revealed the following order: 2 mg, take 2 caps po (by mouth) before breakfast, 2 caps po (by mouth) before lunch and 2 caps po (by mouth) after dinner.

An interview was conducted with Staff D on at 1:35 PM. She stated that she did not know why the label did not match the Medication Observation Record. She also stated that she always gives resident #13 her medication after lunch.
An interview was conducted with the Director of Resident Care on at 2:30 PM. She confirmed that the medication should have been given before lunch. She also confirmed that the label did not match the Medication Observation Record or the physician ' s order. She also confirmed there was not a label on the medication to alert staff to examine the revised directions.

Class III

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	AL11968586	12/01/2015
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF VILLAGES CROSSING**	STREET ADDRESS, CITY, STATE, ZIP CODE **13517 NE 86TH CT** **LADY LAKE, FL 32159**	

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

0093 Food Service - Dietary Standards

Based on observation, interview and record review, the facility failed to ensure that food service was delivered in a sanitary manner in 1 of 2 dining observed.
Findings:
An observation of meal service in the Memory Care unit was conducted for the noon meal on . Staff A, a Care Partner was observed in the kitchenette area. She was observed to serve food onto plates for the residents from a steam table. She was observed to look in cupbaords, open the refrigerator, and use the phone, all while wearing the same pair of gloves. She was them observed to touch each resident's baked potatoes with same gloved hand to cut the potato and squeeze it open. After serving, she was observed to take off gloves and take sour cream to a resident's table. She then came back to the kitchenette and was observed to wipe her forehead with her lower arm. She then put gloves back on, without washing her hands and served up food again.
An interview was conducted with Staff A on at 12:45 PM regarding meal service. She confirmed that she touched the potatoes with her gloved hands after touching other surfaces. She stated that she did not realize she was doing that.
An interview was conducted with the Director of Memory Care on at 12:55 PM. She stated that the caregiver should have washed her hands before serving food. She further stated the caregiver should not have touched the resident food after touching other potentially contaminated surfaces.
A review of the facility policy entitled Proper Hand Washing dated documented the following " standard: " Harbor Retirement Associates communities will practice routine hand washing as the single most important step dining employees can take to prevent food from contamination. It further documented: Hands must be washed as follows: After touching nose, hair or mouth or any other unsanitized body parts, after taking out trash, or performing other duties in which equipment is not sanitized and before putting on disposable gloves, or before changing to a new pair of gloves.
Class III

Z814 Background Screening Clearinghouse

Based on interview and record review the facility failed to verify that any break in service was less than 90 days for newly hired employees in 1 of 3 employees reviewed (Staff A).
Findings:
A review of the personnel record for Staff A was conducted. It revealed Staff A was hired on .
Further review of Staff A's personnel record revealed no verification of prior employment that required a Level II background screening.
An interview conducted with the Business Office Manager on at 12:25 PM revealed that Staff A said that she had worked for a Home Health Agency prior to working here. She states that the Home Health Agency never called them back to confirm her dates of employment.

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SUMMARY STATEMENT OF DEFICIENCIES
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An interview was conducted with the Executive Director on [redacted] at 4:25 PM. The Executive director confirmed that there was no documentation showing that there was less than a 90 day break in service. He stated that a new background screening should have been done.
Unclassified.