STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953368	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF NORTH COLLIER	101 CYPRESS WAY EAST NAPLES, FL 34110

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

0000 Initial Comments

An unannounced follow-up survey was conducted on / at Harborchase of North Collier, an Assisted Living Facility in Naples, Florida.

The following is description of the deficiency.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, the facility failed to maintain a decent living environment with recognition of person dignity for 4 (Residents #1, #2, #3, and #4) out of 31 Resident observed.

The findings included:

Observed the following resident during tour of facility on / :

- dried feces noted on wall in .

- serving tray and 3 dirty dishes with dried food noted on top of bureau in Resident's . The Director of Resident Care reported on / at 1:00 p.m., dishes were from lunch yesterday because she recognized the noodles they had served.

- Strong odor of upon entering . soaked briefs noted on shower floor. Dried stain noted on pillow case on bed.

The facility Maintenance Director reported on / at 12:30 p.m. that resident are cleaned weekly.

- Strong odor of upon entering . Scattered white spots noted on floor. Two pairs of used latex gloves (inside out) left on cabinet counter in resident's .

During an interview on at 1:00 p.m., the Director of Resident Care reported that she was not aware were not clean

Class III

0152 Physical Plant - Safe Living Environ/Other

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953368	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF NORTH COLLIER	**101 CYPRESS WAY EAST NAPLES, FL 34110**

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

Based on observation and interview, the facility failed to maintain a safe living environment free from hazards for residents.

The findings included:

Resident observed during tour of facility on :

- light not working over door in , black scuff marks noted on walls, large crack noted over door.
- dried feces noted on wall in , black scuff marks on walls, moderate size crack noted at base of cabinet next to refrigerator. One light bulb not working over vanity in .
- 1 lightbulb not working over .
- 1 lightbulb not working over , sliding closet doors off track and swing when touched. Black scuff marks noted on walls.
- 2 lightbulbs not working in . Serving tray and 3 dirty dishes with dried food noted on top of bureau in . The Director of Resident Care reported on at 1:00 p.m. the dishes were from lunch yesterday because she recognized the noodles they had served.
- Strong odor of upon entering the . soaked briefs noted on shower floor. Dried stain noted on pillow case on bed. Black scuff marks noted on walls.

The facility Maintenance Director reported on / at 12:30 p.m. that resident are cleaned weekly. He reported he has been employed at facility for 2 months.

- 1 lightbulb missing in .
- 1 lightbulb not working in .
- 1 lightbulb not working in . Brown stains noted on wall in .
- moderate size multiple black stains noted on caulking in . Executive Director reported on / / at 2:45 p.m. the areas in the scheduled to be replaced.
- Air Conditioner plugged into outlet with piece of plastic missing.
- 2 lightbulbs not working in . Black scuff marks noted on walls.
- 1 lightbulb in working. Sliding closet doors off track and swing when touched. Black scuff marks noted on walls.
- Sliding closet doors off track and swing when touched. One lightbulb not working in .
- 1 lightbulb not working in , small wet stain noted on floor.
- scattered black scuff marks on walls.
- strong odor of upon entering . Scattered white spots noted on floor. Two pairs of used latex gloves (inside out) left on cabinet counter. Caulking missing in sections around counter top. Gouge marks noted on door.
- vanity in caulking around bottom and behind toilet. Doors have black scuff

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	AL11953368	R
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF NORTH COLLIER**	STREET ADDRESS, CITY, STATE, ZIP CODE **101 CYPRESS WAY EAST** **NAPLES, FL 34110**	

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

marks.
- 1 lightbulb not working in .
Rom 203 - sliding closet doors off track and swing when touched. Bottom plastic track piece broken.
During an interview on at 1:00 p.m., the Executive Director and Director of Resident Services reported they were not aware of condition of the resident .
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Harborchase Of North Collier
101 Cypress Way East
Naples, FL 34110

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on 14, 2015 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the uncorrected deficiency and the new deficiency that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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 (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form and Revisit Report

YOSF

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Fort Myers, FL 33901
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