STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964731	04/28/2016
NAME OF PROVIDER OR SUPPLIER **HARBOR POINT ALF, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **1045 HARBOR LAKE DRIVE** **SAFETY HARBOR, FL 34695**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

On , , 2016, an abbreviated biennial re-licensure survey was conducted at Harbor Point ALF, Inc. Deficient practice was identified during the survey.

0054 Medication - Records

Based on observation, interview and record review, the facility failed to maintain an up to date medication observation record (MOR) for 1 (#3) of 3 residents whose medication records and medication on hand in the facility were observed.

Findings Included:

On at 2:30 PM, the , 2016 MOR for Resident #3 was observed. The MOR listed , 0.5 mg tablet, take 1 tablet by mouth three times daily. The medication was marked as given by staff on all days from / through . The medication cart was observed and the , was not there.

Further observation revealed that the MOR for 2016 for Resident #3 listed the , and was marked as medication given by staff from / / through . The MOR for 2016 revealed that the medication was not listed.

In an interview with the Administrator at 2:45 PM on / , she confirmed that the was not in the facility and that the medication was discontinued in . When asked why the MOR was marked as given in , 2016, she stated, " It shouldn ' t have been. " The Administrator was then asked for a doctor ' s note stating the medicine was discontinued. A prescription note from the doctor, dated / , was shown which read DC (discontinue) (generic for).

Class III

0093 Food Service - Dietary Standards

Based on observation, interview and record review, the facility failed to maintain a file of menu substitutions for the past 6 months. Additionally, the facility failed to keep a 6 month file of menus served.

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

Findings included:

On , the administrator was asked to produce a file of menu substitutions made over the past 6 months as well as a file of menus served to residents over the past 6 months.

The administrator was interviewed at 10:49 PM on and she stated that they did not have a menu substitution log. She stated that the residents like to eat lunch outside of the facility and they will also make changes to the menu based on resident preferences.

The administrator was interviewed again at 11:06 AM on and she stated that there was no file of menus served for the past 6 months. She stated that the menus were color-coded by week of cycle and showed the 4 menus used.

Class III

Z814 Backaround Screenina Clearinahouse

Based on observation, interview and record review, the facility failed to maintain the status of all employees on the employee roster within the AHCA clearinghouse (Clearinghouse).

Findings included:

Reviews of the facility ' s Provider Account Management system within the Clearinghouse on and showed no names on the employee roster of any of the employees who worked there.

A review of employee records showed the following dates of hire: Administrator ( ), Staff A ( ), Staff B ( ), and Staff C ( ).

The administrator was interviewed at 12:00 PM on and she stated that she didn ' t know about the requirement to input information in to the employee roster in the Clearinghouse.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Harbor Point ALF, Inc.
1045 Harbor Lake Drive
Safety Harbor, FL 34695

Dear Administrator:

This letter reports the findings of a abbreviated biennial state licensure survey that was conducted on , 2016 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 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(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

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

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