STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953368	05/19/2016
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)

0000 Initial Comments

An unannounced Complaint survey, CCR# 2016005741 was conducted on at Harborchase of North Collier, an Assisted Living Facility in Naples, Florida.

The complaint contained 1 allegation, of which 1 was substantiated.

The following deficiencies were found at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observation, record review and interview, the facility failed to assist 1 (Resident #7) out of 5 residents observed with crushed medications and did not assist with medications in a timely manner.

The findings included:

1. Observation of Resident #7 during medication observation revealed medication XR capsule (extended release medication for) was opened by Staff A and contents sprinkled on applesauce. ( ) was crushed and mixed with apple sauce by Staff A. Record review of the Medication Observation Record for Resident #7 revealed: " crush Crushable medications."

Usage instructions for , reveal instructions not to crush.

During an interview on / / at 4:08 p.m. the facility pharmacist reported the Extended Release capsule should not be opened.

2. During Interview with Director of Resident Care on / / at 12:08 p.m., she stated, "We wait until the residents finish eating before we give medications, as we do not like to assist with their medications in the dining . Staff A assists Residents during breakfast in the Dining 7:45 a.m. I was not aware Staff A was still giving 8:00 a.m. medications at 9:40 a.m."

Class III

0056 Medication - Labeling and Orders

Based on observation, record review and interview, the facility failed to ensure prescription medications were filled in a timely manner for 1 (Resident #9) out of 5 residents reviewed.

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

The findings included:

Review of Medication Observation Record (MOR) for Resident #9 on revealed a health care Provider order dated for (anticlotting medication) 60 mg twice daily. Noted on MOR was no documentation if medication was given.

During Interview with Hospice nurse on / / at 3:10 p.m., she reported she delivered a dated physician telephone order document to the facility on / at 5:45 p.m. for for Resident #9 who had a diagnosed clot in his right leg on / . She reported she gave the physician order document to Staff A at the facility on at 5:45 p.m. with instructions to fax the order to the facility pharmacy so the medication can be delivered and given to the Resident.

During Interview with Staff A on / / at 1:00 p.m., he reported he faxed the doctor's order for to the pharmacy on / / , but did not follow up to see if the pharmacy received the fax.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016005741

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 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 surveyors. 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

XG90

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