STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965356	**05/17/2016**
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF TALLAHASSEE**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 JOHN KNOX ROAD TALLAHASSEE, FL 32303**	

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

0000 Initial Comments

On an unannounced complaint investigation (CCR#2016005045) was completed in conjuction with an ECC monitoring visit at Harborchase of Tallahassee. At the time of the visit deficient practice was found.

0081 Training - Staff In-Service

Based on interview and review of records the facility failed to ensure that 3 out of 3 sampled staff members (Staff A, Staff B and Staff C) completed the required 1-hour Elopement Response Training, Resident Rights Training and Recognizing and Reporting Training within 30 days of hire.

Finding Include:

On a review of Staff A employment record was conducted. Staff A's record revealed that Staff A was hired on .

On a review of Staff B employment record was conducted. Staff B's record revealed that Staff B was hired on .

On a review of Staff C employment record was conducted. Staff C's record revealed that Staff C was hired on .

On a review was conducted of Staff A, B and C's employment records. The record review revealed that Staff A, B and C failed to complete elopement training, resident rights and recognizing/reporting training within the first thirty days of being hired. The facility was given until at 5pm to document that the trainings were completed timely. Training documents received revealed that Resident A, B and C completed the above training on , the day of the survey.

On at 5:55pm an interview was conducted with the Administrator, who agreed with the above statement.

CLASS III

0086 Training - ADRD

Based on interview and review of records the facility failed to ensure that 2 out of 3 sampled staff members (Staff A, Staff B) completed the initial 4-hour training within 3 months of

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SUMMARY STATEMENT OF DEFICIENCIES
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employment. In addition, 1 out of 3 sampled staff (Staff A) failed to complete the additional 4 hours of training within 9 months of being employed by the facility.

Finding Include:

On a review of Staff A employment record was conducted. Staff A's record revealed that Staff A was hired on .

On a review of Staff B employment record was conducted. Staff B's record revealed that Staff B was hired on /.

A review of Staff A and B's employment records revealed that Staff A and B failed to complete the initial 4-hours training with the first 3 months of employment. In addition, Staff A failed to complete the additional 4-hours of training during the first 9 months of employment.

On at 5:55pm an interview was conducted with the Administrator, who agreed with the above statement.

On the facility was given until 5pm on to submit documentation supporting that Staff A, B who work in assisted living and memory care unit completed the required initial training within the first 3 months of employment.

Documentation received showed that Staff A and B completed training on the day of the survey; which was outside of their first 3 months of employment.

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Harborchase Of Tallahassee
100 John Knox Road
Tallahassee, FL 32303

RE: CCR #2016005045

Dear Administrator:

This letter reports the findings of a state licensure complaint survey and extended congregate care monitoring survey that was conducted on , 2016 by a representative 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. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/kc/kb
Enclosure

XG90

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