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 ECC monitoring was conducted in conjunction with a complaint survey (CCR#2016005045) at Harborchase of Tallahassee. The complaint was not substantiated, but at the time of the survey deficient practice was found.

E210 ECC - Training

Based on interview and review of records the facility failed to ensure that 1 out of 3 sampled employees completed at least 2 hours of in-service training related to extended congregate care (ECC) within 6 months of employment.
Findings include:
On a review of the facility license reveal that the facility was licensed on / and has an ECC specialty license.
On a review of Staff A employment file was conducted. The file revealed that Staff A was employed on .

On a review of Staff A employment record revealed that Staff A failed complete EEC training within in 6 months of employment.
On the Administrator was given until the close of business on at 5pm to submit documentation that Staff A completed ECC training within the first 6 months of employment.
Documentation submitted on by the facility revealed that Staff A failed to complete the required ECC training within 6 months of Staff A hire date.

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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