STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964731	R 08/01/2016
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

A 2nd follow-up visit to / abbreviated biennial survey was conducted at Harbor Point ALF, Inc. on /. Harbor Point ALF, Inc. had deficiencies at the time of the visit.

License number 9270.

0052 Medication - Assistance with Self-Admin

Based on observation, interview, and record review, the facility failed to provide assistance with self-administration of medication in accordance with procedures described in 429.256 F.S. for 2 (#1 and #2) of 2 residents during medication observation on /. This observation was made during a 2nd revisit survey from and remains uncorrected.

Findings included:

A medication observation was conducted beginning at 7:35 AM on /. The med tech (unlicensed personnel) put on gloves and showed a cup with pills in it. The med tech approached Resident #1 and tilted the cup in to the resident's mouth and emptied the pills in to his mouth without the resident touching the cup. The med tech then used his index finger to push a pill back in to the resident's mouth. He then handed Resident #1 a beverage to drink.

The med tech was interviewed at 7:40 AM on / and he acknowledged that he administered the medications to Resident #1. He stated that he did this because the resident "shakes real bad" and administered to prevent the pills from spilling on to the floor. A review of the medication observation records (MORs) at the time showed that all meds had been signed for (except for Glucon 0.12% Liquid) . The med tech stated that he initialed the MORs when he put the meds in the cup.

The med tech was then observed putting on vinyl gloves and brought a cup and meds in plastic packaging to Resident #2. The med tech asked the resident to open the packaging, which he did. The med tech placed the pills in to a cup, stated that I need you to take your meds, and handed the medication and a beverage to the resident. The med tech watched the resident take the medication and then note the MORs.

The med tech was interviewed at 7:45 AM on / / and he asked if there were any issues. The lack of explanations to Residents #1 and #2 as to what medications they were taking was conveyed to the med

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HARBOR POINT ALF, INC.	1045 HARBOR LAKE DRIVE SAFETY HARBOR, FL 34695

SUMMARY STATEMENT OF DEFICIENCIES
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tech. He acknowledged that he did not explain what medications they were given.

Class III

0054 Medication - Records

Based on observation, interview, and record review, the facility failed to update the medication observation records (MORs) after a medication was provided for 1(#1) of 2 records reviewed during a medication observation.

Findings included:

A medication observation was conducted at 7:35 AM on . A review of Resident #1 ' s morning medications (7 AM and 8 AM) showed the following: 400 EXT-Release -Take 1 tablet by mouth 2 times daily; Polyethylene Suspension- mix 17 GM in to 8 OZ milk, juice, or water and drink by mouth for daily ; 150 MG Tablet- Take 1 tablet by mouth 2 times daily; S Tabs- Take 1 tablet by mouth every day; 100 MG Tablet- Take 1 tablet by mouth 2 times daily for supplement; 50 MG Tablet- Take 1 tablet (50 MG) by mouth in the morning and 2 tablets (100 MG) in the evening; , 81 MG Tablet (Coated)- Take 1 tablet by mouth every day; Century Mature- Take 1 tablet by mouth every day in the morning; Glucon 0.12% Liquid- Dip toothbrush in to SOLN and brush twice a day for , DR 250 MG Tab- Take one tab by mouth in the morning and 2 tabs (500 MG) by mouth at 5 PM; 10 GM/15ML Solution- Take 2 teaspoonfuls (10ML) by mouth three times daily for ; 625 MG Tablet- Take 1 tablet by mouth daily with 8OZ of water used for 625 MG; 0.1MG Tab- Take 1 tablet by mouth 2 times daily; 250 MG Tablet- Take one tablet by mouth in the morning and 2 tabs by mouth at bedtime; 10 MG Tablet- Take one tablet by mouth every day.

Immediately after Resident #1 took his medications, his MORs were reviewed. The MORs showed that the med tech had already placed his initials on all of the medications except for Glucon 0.12% Liquid.

The med tech was interviewed at 7:46 AM concerning the medicationss that were already initialed and he stated that he had initialed the MORs when he placed the medications in the cup, not after the resident had taken the medications. When asked why the Glucon 0.12% Liquid was not initialed he stated that he brushed Resident #1 ' s with it at 7 AM and he didn ' t ' t note the MORs because there was no specific time for assistance indicated on the MORs.

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Class III

0058 Pharmacv & Dietarv: Uncorrected Deficiencies

Based on an uncorrected Class III deficiency concerning assistance with self-administration (Aspen Events 8MT011, 8MT012, and 8MT013), specifically, the facility ' s failure to update the medication observation records (MORs) each time a medication was provided, the facility shall be required to employ the consultant services of a licensed pharmacist or a registered nurse.

The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required.

This serves as a written notification of the requirement for the above described consultation services.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[illegible], 2016

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

Dear Administrator:

This letter reports the findings of a **second** State Licensure Revisit Survey conducted on [illegible] 1, 2016 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies 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 [illegible], 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(s). Should you have any questions please call **Teresa Ryan**, RNC at (727) 552-2000.

Sincerely,

Teresa Ryan RN
for Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure

YOSF

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