STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968928	R 09/13/2016
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF SARASOTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **5311 PROCTOR RD** **SARASOTA, FL 34233**	

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

0000 Initial Comments

An unannounced revisit survey was conducted on at Harborchase of Sarasota, an Assisted Living Facility, (license #12753) in Sarasota, Florida. This was a follow-up to the Extended Congregate Care survey completed on / .

The following is description of the deficiencies found at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, the facility failed to store cylinders in a safe, secure manner for 1 (Resident #1) of 5 residents sampled using . Pressurized cylinders are likely to over if left unsecured. Such a could damage the cylinder's valve or the cylinder itself, resulting in a gas leak. A rapid loss of pressure can turn a cylinder into an unguided missile powerful enough to break through a concrete wall and may also be accompanied by a fire or explosion.

The findings included:

Observation on at 3:10 p.m., revealed in the closet of Resident #1, there were at least 20 mini cylinders stacked in a sideways fashion, one on top of the other, on the closet floor with a of wood underneath. On top of these mini cylinders were two wheelchair legs and on top of that was another mini cylinders in a portable carry bag, also stored in a sideways manner.

In an interview on at 3:20 p.m., with the Executive Director, (ED) and the Director of Resident Care (DRC), the DRC said she had no idea how they got there as the resident does not use any cylinders because she has a wall concentrator and a portable concentrator. Both the ED and The DRC confirmed the presence of the mini cylinders and agreed they should be stored upright in a proper storage container.

On at 3:27 p.m., during a phone interview with resident's son, he said he brought the mini cylinders in and stored them in the closet when the resident moved in at the end of last year. "She has a portable concentrator and they are a backup for when I take her out."

Photographic evidence on file.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Harborchase Of Sarasota
5311 Proctor Rd
Sarasota, FL 34233

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiency identified during the revisit.

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 , 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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

sh
Enclosure: State Form

BBT7

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida