STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965695	09/28/2016
NAME OF PROVIDER OR SUPPLIER **HARBOR PLACE AT PORT ST LUCIE,**	STREET ADDRESS, CITY, STATE, ZIP CODE **3700 SE JENNINGS ROAD FORT PIERCE, FL 34952**	

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

0000 Initial Comments

A Complaint Investigation, CCR 2016008179, was conducted on 09/28/2016 at The Harbor Place at Port St. Lucie, (license number 10035). The facility had a deficiency identified at the time of the investigation.

0030 Resident Care - Rights & Facility Procedures

Based on interviews and record review, the facility failed to:
1. Provide the required 45-day notice of discharge for 1 of 3 sampled residents (Resdient #1); and,
2. Demonstrate their written grievance procedure for receiving and responding to complaints was implemented upon receipt of complaints for 2 of 5 sampled resident complaints (Resident #1 and #4).

The findings include:

1. Review of facility records and Resident #1's records conducted on with the facility's Assisted Living Manager (ALM) present, revealed the following:

A. Resident #1 was admitted on . Her AHCA Form 1823 (medical examination) documented pertinent diagnoses of mild with memory loss, and , no special precautions were required; she was independent of all activities of daily living (ADL's) and required daily observations related to her and short-term memory loss. She also wore a elopement alarm device.

B. Resident Status Notes documented the following:
i. On at 2:00 PM, she was found outside the building with her dog and was brought back inside.
ii. On at 6:00 PM, she defecated in a patio rocking chair. At 8:30 PM, she was found in a hallway screaming loudly. She sustained a to her right of unknown origin and was not able to report what had happened.
iii. On at 10:30 AM, she was noted with increased and restlessness. She repeatedly tried to leave the building and was yelling at staff. At 11:00 AM, her dog was removed from the facility because she could no longer provide appropriate care for the dog. At 12:00 PM, she was found brushing her in the lobby. She attempted to leave the building stating, "I need my car to go pick up my mother."
iii. On at 10:30 AM, she was noted with agitation and . At 1:30 PM she was found in lobby area, yelling. At 9:00 PM, as a staff member attempted to assist her out of a chair, she was screaming and grabbed on to a set of keys in the staff member's hand until the key chain broke.
. On at 9:30 AM, she was found near the reception area yelling, and continued to yell as

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re-directed to her room.
v. On 03/11/2016 at 12:00 PM, she was noted with increased and was yelling all morning in the dining room and hallways. At 5:10 PM, the receptionist alerted staff she went got out of her wheelchair and walked out the front door.
vi. On , she required constant supervision related to getting out of her wheelchair and ambulating without a walker, going through the front and side exit doors. She was easily agitated when redirected and having crying episodes.
vii. On at 12:00 PM, she left her wheelchair and exited a side door. She was found standing against the building with her pants pulled down. She became agitated, yelling and screaming while being re-directed back inside the building.

C. On , Resident #1 was transferred to the local hospital for evaluation. The legal representative was advised by telephone that the facility would not accept her back without a 24-hour private duty aide.

D. Further review of facility and Resident #1's records revealed no documentation showing a 45-day notice of discharge was issued to the resident or her legal representative. In an interview conducted at 3:15 PM, the ALM confirmed the Resident Status Notes above. She also confirmed no 45-day notice of discharge was issued related to Resident #1.

During an confidential interview conducted at 1:56 PM, the following information. Resident #1 was received in their emergency , the chief complaint was and she was combative with staff. She was pleasant with no complaints. The facility refused to take her back, citing staff members could not handle her and she has been combative, the hospital had to admit her pending a suitable discharge destination. She was discharged to a different assisted living facility on with diagnoses of unspecified and unspecified without behavior disturbance.

2. Further review of Resident #1's records revealed a certified letter dated addressed to the facility's General Manager. The letter voices concerns related to the manner in which Resident 1 was discharged from the facility, and requests a refund related to $2,000.00 in contractual fees and the $200 ambulance fee incurred when the resident was transferred to the hospital on . The facility and resident records did not document the facility's grievance policy was implemented related to this complaint. In an interview conducted at 4:52 PM, the ALM could not confirm if any investigation or follow up activity had occurred related to this complaint.

3. This facility has a capacity of 128 residents. Review of the facility's Grievance Log revealed only two documented complaints in the past year.

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A. Review of the facility's written policy titled Grievances, revealed the following.
Resident and families are encouraged to express concerns to the General Manager when they are not satisfied with any service provided to them by community so concerns can be quickly and satisfactorily resolved.
NOTE: State Regulations supersede company policy.
PROCEDURE
1. Reporting. Residents or families should communicate concerns preferably in writing to General Manager or report to front desk who will enter the concern in the Grievance Log.
2. Grievance Log. General Manager will personally speak to resident or family member who is expressing complaint or concern as well as document a narrative report with resolution.
4. 24-Hour Response. General Manager will investigate complaint within 24 hours and report back to resident/family member with resolution or extend time of investigation as needed.
5. Recourse. If General Manager does not respond with 24 hours, resident/family may contact Regional Director of Operations for support. If resident/family is not satisfied with Regional Director's resolution, he/she may contact home office or local Ombudsman."

Review of the Resident Council Meeting notes for the past year revealed only three complaints, all from Resident #4. The complaints included:
A. On , Resident #4's complaint read, "...about two weeks ago at around 3:15 in apartment. The cushion slid out with her and she had to wait 15 mins after ringing bell for assistance because all were in a meeting. Someone must be on floors at all times. 4 years resident. (starting yelling and maintenance came by her side until someone came."
B. On , Resident #4's complaint read,"... there is too long of a waiting period for those in wheel chairs that need assistance coming to activities and the dining . She also said the same for returning from the DR. That is is really where they sit and wait and that their time needs to be regulated."
C. On , Resident #4's complaint read, "... someone put talc on her and she slid up because of it ... the aides at times do not have their name tags on so residents do not know who has done what."
The facility and resident records did not document the facility's grievance policy was implemented related to these complaints.

In an interview conducted at 4:52 PM, the ALM stated Resident #4 had an unrealistic concept of what is a "long time" and had a history of making false allegations. She could not confirm these three complaints were investigated at the time the complaints were lodged. She acknowledged the facility's written policy was not followed and that the Grievance Form was not clear and complete.

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Review of Resident #4's AHCA Form 1823 (medical examination), a Evaluation, her Service/Functional Assessment, and her Resident Status Notes dated through revealed no documentation any history of false allegations by this resident.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Harbor Place At Port St Lucie,
3700 SE Jennings Road
Fort Pierce, FL 34952

RE: CCR #2016008179

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on 28, 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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