STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965462	10/20/2016
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF TAMARAC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6855 NW 70TH AVENUE** **TAMARAC, FL 33321**	

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

0000 Initial Comments

An unannounced re-licensure survey with Extended Congregate Care services was conducted on through at Harbor Chase of Tamarac. The facility had a deficiency identified at the time of the survey.

The re-licensure survey was conducted in conjunction with a complaint investigation, CCR # 2016011145. The facility had deficiencies at the time of the visit. See separate report for findings.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, the facility failed to ensure that Residents are treated with consideration and respect with due recognition of personal dignity, individuality.

The findings included:

On / at 12:13 P.M., a lunch meal was observed. It was revealed that the serving Staff D, E, F, G and H were observed placing clothing protector (an adult bib) on the Residents (approximately 23 residents) in the dinning asking them their preference and/or acknowledge placement of the bib.

On at 12:18 P.M., Staff D was observed adjusting the foot rests on the wheelchair of Resident # 18. She then went to the serving tray and returned a bowl of puree fruit to Resident # 19. She turned to Resident # 19 and began feeding him while standing in front of his wheelchair. She did not sanitize her hands between adjusting the foot rests and feeding the residents.

On at 12:24 P.M. Staff E was overheard telling Resident # 20, to "hurry-up."

On / at 12:27 P.M., Resident # 21 was fed by Staff D while she stood in front of her.

On at 12:27 P.M., Resident # 23 was given plate. The resident required feeding assistance. which was confirmed by the Staff. The Surveyor notified Staff at 12:42 P.M., that the Resident had not been given her lunch.

On at 12:34 P.M., Staff D was observed feeding Resident # 18 and Resident # 22 without sanitizing her hands while feeding both the residents.

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SUMMARY STATEMENT OF DEFICIENCIES
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On 10/20/2016 at 01:00 P.M., an interview was conducted with the Administrator and the Memory Care Director. They acknowledged that these practice were not proper procedures, and that they will be addressed immediately.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Harborchase Of Tamarac
6855 NW 70th Avenue
Tamarac, FL 33321

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representatives 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 representatives. 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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