STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953368	11/17/2016
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF NORTH COLLIER**	STREET ADDRESS, CITY, STATE, ZIP CODE **101 CYPRESS WAY EAST** **NAPLES, FL 34110**	

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

0000 Initial Comments

An unannounced complaint survey for CCR #2016010432 was conducted on 11/17/16 at Harborchase of North Collier, an assisted living facility (license #8546) in Naples, Florida.

The complaint contained 3 allegations, of which 2 were substantiated with a deficiency

The following is description of the deficiency.

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview, the facility failed to respect the privacy for 1 (Resident #1) of 4 residents sampled. The facility failed to provide proper notice of a rate increase for 1 (Resident #1) of 4 residents reviewed. The facility also failed to have a system in place to ensure grievances were filed, answered, and resolved in a secure manner to protect the privacy of all residents in the facility.

The findings included:

1. A review of the residency agreement for Resident #1, dated , revealed, under Exhibit 12 "Photography/Marketing Materials," the resident's responsible party did not agree to allow the community to take photographs of the resident in the community's marketing material.

A review of the community Facebook account revealed a postdated that indicated Resident #1 was the spotlight resident of the month. The post included the resident's name, but no photograph. A review of previous and subsequent spotlight residents of the month had both names and photographs posted.

The facility's Executive Director said, on at 11:24 a.m., that Resident #1's photograph was posted. She said the person responsible for the posting failed to obtain permission to post the photograph.

2. A review of the resident record for Resident #1 revealed a notice of a rate increase, dated , that would take effect on .

On at 1:08 p.m., the facility Executive Director acknowledged Resident #1's responsible party was not given the required 30-day notice of rate increase.

3. During an interview with the Director of Memory care on at 10:06 a.m., in references to the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953368	11/17/2016
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF NORTH COLLIER**	STREET ADDRESS, CITY, STATE, ZIP CODE **101 CYPRESS WAY EAST** **NAPLES, FL 34110**	

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

grievance log. She said the grievance log has not been kept up by the facility. She went on to say all grievances to this point were handled through conversation with the resident or family via e-mail. She also added there is no log of these emails. The Memory Care Director also added the procedure for addressing the grievance is also conducted via an e-mail.

During an interview on / at 10:20 a.m., the Regional Director of Operations said she was not aware the grievance process was not being followed.

During an interview on / / at 10:35 a.m., the wellness Director said that grievances are also handed through an inter-facility cell phone system. Grievances are sent to the appropriate department heads and handled through communication via the e-mail and text message system.

The facility does have an approved grievance policy; however, the policy does not address the means of how grievance are documents or resolved.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Harborchase Of North Collier
101 Cypress Way East
Naples, FL 34110

RE: CCR #2016010432

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 deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 this deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiency. 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 surveyors. 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

XG90

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