RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Harborchase Of Sarasota
5311 Proctor Rd
Sarasota, FL 34233

RE: CCR #2016009705

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2016 by a representative 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 the deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of the 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 deficiency 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/For .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

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Enclosure: State Form

XG90

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968928	11/08/2016
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 complaint survey for CCR #2016009705 was conducted on 11/8/16 at Harborchase of Sarasota, an assisted living facility (license #12753) in Sarasota, Florida.

The complaint contained 2 allegations of which 1 was substantiated.

The following is a description of the deficiency found at the time of the survey.

0025 Resident Care - Supervision

Based on resident record review and interview with administrative staff, the facility failed to provide supervision to 2 (Resident #2 and #5) of 3 sampled residents who had frequent .

The findings included:

1. A review of the facility policy and procedure related to standards were reviewed. The policy stated "We cannot eliminate all , but we can reduce the risk of falling and help to minimize injuries when a happens by adopting a culture of safety." The policy said what type of monitoring, observation, and a decision for the need for emergency services was to occur after a . The policy also included notification of the physician and family and a requirement for documentation in the record. There was nothing in the policy provided that stated what interventions were going to be used to prevent , or what a "culture of safety" meant to the facility.

2. Resident #5 had 1 time in , 7 times in , 2 times in , and 1 time in . Review of the resident's record revealed there was no evidence of any interventions initiated to prevent for this resident.

On / , at 2:00 p.m., the Administrator said they got physical for this resident. She said the resident is doing much better and is using a wheelchair instead of walking with a walker. There was no evidence of any coordination of care with the about this resident and what recommendations for care the had initiated and expected the facility to follow through with.

3. Resident #2's resident record was reviewed for . This resident was admitted / . On / , there was a physician's order for physical . There was no documentation in the record of any physical visits. Resident #2 1 time in , 1 time in , 3 times in , and 2 times in . Documentation was later provided to the surveyor as they were kept in a different location. had discharged the resident from their services. The last communication note to the assisted

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living facility from the home health agency was documental / .

There was a note from the physician to move the bed against the wall and for Resident #2 to have a side rail. There was no documentation indicating this was done. On 11/8/16 at 12:00 p.m., the Administrator found a consent for the side rail and she indicated that this is the way it was known it was initiated. Since Resident #2 was discharged, it could not be verified if the bed was moved per the physician request.

On / , there was documentation stating Resident #2 had a sugar of 45. The resident's dosage was held and the resident was instructed to eat a full dinner. There was no documentation of any follow up to this issue.

On / an x-ray was done after one of the resident's . The x-ray report said "a sub capital cannot be ruled out. Degenerative changes." Included on the report was to inform orthopedic center for possible recent hip and if pain increases or mobility decrease please sent to the emergency evaluation. There was no documentation which stated any follow up was done about this x-ray. It could not be determined if the physician saw this resident as a result. On / / at 12:00 p.m. the Administrator agreed there was no documentation about any follow up about the x-ray. There was no documentation about any interventions initiated to prevent this resident from falling.

Class III