STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965356	12/09/2016
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF TALLAHASSEE**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 JOHN KNOX ROAD** **TALLAHASSEE, FL 32303**	

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

0000 - Initial Comments

ECC/monitoring
An unannounced Extended Congregate Care Monitoring was conducted at Harborchase of Tallahassee Assisted Living Facility (license number 9730) on 12/9/16. At the time of survey there were deficiencies identified.

E206 - ECC - Service Plans - 58A-5.030(7) FAC

Based on staff interview and record review the facility failed to ensure that 5 of 5 sampled resident's (1, 2, 3, 4 and 5) service plans were reviewed and updated quarterly.

The Findings:

A record review was conducted of all five sampled resident's service plans (1, 2, 3, 4 and 5). Their medical records revealed that the last time all (5) service plans were reviewed was on , 2016. The quarterly review for (, and) was not in the resident's files.

On at approximately 12:20p.m, an interview was conducted with the Director of Resident Care and Director of Memory Care. During this interview they both confirmed that the service plans for (, , and) had not been done.

Class III

E207 - ECC - Services - 58A-5.030(8) FAC

Based on staff interview and record review the facility failed to ensure that 5 of 5 sampled resident monthly assessments were updated on a monthly basis. (Resident #1, #2,#3,#4 and #5).

The findings:

A record review was conducted of monthly assessments for all (5) Extended Congregate Care (ECC) monthly assessments:
1. Resident #1 monthly assessment last updated in and nursing progress notes incomplete for last three months

2. Resident #2 monthly assessment last updated in and the nursing progress notes were incomplete.

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SUMMARY STATEMENT OF DEFICIENCIES
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3. Resident #3's record revealed no health care provider's order for ECC services. The monthly assessment was last updated in and nursing progress notes incomplete.

4. Resident #4's record revealed no health care provider's order for ECC services. The monthly assessment was last done in and nursing progress notes incomplete.

5. Resident #5 has order for ECC services effective . There was no monthly assessment found and the nursing progress notes were incomplete.

On at approximately 12:20p.m, an interview was conducted with the Director of Resident Care and Director of Memory Care. During this interview they both confirmed that the monthly assessments had not been done since and nursing progress notes had missing documentation. The Director of Resident Care reported that she had been in this position about three weeks and had reviewed resident's records and found some problems and was not trying to correct the problems.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Harborchase Of Tallahassee
100 John Knox Road
Tallahassee, FL 32303

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 , 2017.** 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 me at 850-412-4540.

Sincerely,

Donah Helberg
Field Office Manager

DH/dh
Enclosure

XG90

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

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