

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911215	(X3) DATE SURVEY COMPLETED 01/04/2017
NAME OF PROVIDER OR SUPPLIER HARBOUR TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 23013 WESTCHESTER BLVD PORT CHARLOTTE, FL 33980	

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

0000 - Initial Comments

An unannounced Complaint Survey, CCR #2016014034 and CCR #2016012270, was conducted on 1/4/16 at Harbour Terrace, an assisted living facility (license #5075), in Port Charlotte, Florida.

Complaint #2016012270 had 1 allegation, which was substantiated. Complaint #2016014034 had 2 allegations, of which 1 was substantiated and 1 was not substantiated.

The following is a description of the deficiencies.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on interviews and record review, the facility failed to ensure the resident's right to live in a safe environment and also failed to uphold the right to choose from a list of different Home Health Agencies at any time for 4 Residents (#7, #8, #9 and #10) of 15 residents sampled.

The findings included:

1. On 1/4/16 at 10:05 a.m., the Director of the Assisted Living Facility and Memory Care (DALF) confirmed Staff E had hit Resident #6. The facility staff called the police and the hotline. The facility did an investigation and terminated Staff E. The facility created a Community Success Plan to have all facility associates attend monthly re-education in-services about the facility's Policy and Procedure for Neglect and Abuse.

On 1/4/16 a review of the Community Success Plan created in 2016 said all associates will be re-educated about the facility's policy about Neglect and Abuse. Review of the sign-in sheet revealed only 38 of 75 nursing employees, but no housekeeping or dietary employees attended the mandatory in-service for Neglect and Abuse dated 1/4/16.

On 1/4/16 at 10:30 a.m., an interview was conducted with Staff A, a Certified Nursing Assistant (CNA). He said he receives annual education about the facility's policy for Neglect and Abuse. He said he did not receive re-education in 2016 related to Neglect and Abuse.

On 1/4/16 at 10:45 a.m., an interview was conducted with Staff B who works in the house keeping department. She said she received education about the facility's policy for Neglect and Abuse when she was hired. She said she did not receive re-education in 2016 related to Neglect and Abuse.

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to and Neglect.

On 1/4/17 at 11:00 a.m., an interview was conducted with Staff C, a CNA. She said she they receive education about the facility's policy for Neglect and when hired and then annually. She said she did not receive re-education in 2016 related to and Neglect.

On // a review of Staff D's, a CNA, employee file noted she was hired and did not attend the mandatory re-education for and neglect on .

On // at 2:40 p.m., the DALF and the Wellness Director (WD) said they had developed a Community Success Plan after Staff E was observed striking a resident on . The Community Success Plan stated all associate will be re-educated about the facility's policy for , neglect and . They confirmed 38 out of 75 nursing staff, approximately 50% attended the required re-education about and neglect on . They said as of this time 50% of the nursing staff, dietary and housekeeping staff did not receive the re-education about the facility's policy for neglect in keeping each resident safe as noted in the Community Success Plan.

2. On // at 9:45 a.m., the DALF said when a resident and/or their Power of Attorney (POA) sign the facility's admission contract they are asked if they would like to use the facility's Home Health Agency (HHA). The facility does not provide them with a list of the other HHA unless they ask for one.

On // at 12:55 p.m., Resident #10 said she remembers signing the Assisted Living Facility (ALF) admission contract on // . She doesn't remember the DALF offering her the names of the other HHA on // and on // when she started to receive home health services.

On // at 3:30 p.m., Resident #7's POA said she remembers signing his admission contract on // . Her father had used the facility's HHA but does not remember the facility giving them a list of the other HHA they could use.

On // at 4:00 p.m., Resident #8 said he had used the facility's HHA. The facility did not give him a list of other HHA he could use to receive the home health care he needed.

On // at 4:25 p.m., Resident #9's son said the facility did not give them a list of the other HHA they could use when she was admitted to the facility.

On // at 5:00 p.m., the DALF said the facility tells each resident when they are admitted they have the right to use another HHA. The facility does not provide the resident and/or their POA with a list of

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the other HHA unless they ask. She also confirmed the facility does not provide the resident and/or their POA a list of HHA, they can use if they need home health services at a later time, after their admission to the facility.

Class III



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Harbour Terrace
23013 Westchester Blvd
Port Charlotte, FL 33980

RE: CCR #2016012270 & CCR #2016014034

Dear Administrator:

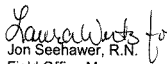
This letter reports the findings of a state licensure survey that was conducted on , 2017 by representative(s) of this office.

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 surveyor(s). 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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