STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968928	R 01/25/2017
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 revisit survey was conducted on / at Harborchase of Sarasota, an assisted living facility (license #12753) in Sarasota, Florida. This was a follow-up to a complaint survey 2016009705 which was completed on / .

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

This is an uncorrected deficiency:

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, record review, and interview the facility failed to provide the supervision required to prevent for resident 3 (Resident #5, #7, and #8) of 3 residents reviewed for . This has the potential for residents to sustain life altering injuries. This is an uncorrected deficiency.

The findings included:

1. Resident #5 was identified on the original complaint survey dated / as not receiving adequate supervision to prevent . A review of the incident log for 2016 through , 2017 list Resident #5 had 2 reported . Both were on / . One during the day and one in the evening. The record's record had a physician order dated requesting home health for care resulting from the resident's on / . This was not on the incident report. The resident's record also contained a progress note dated / completed at 11:05 a.m. it noted housekeeping staff found resident had outside of the building on the sidewalk. It noted resident said he lost his balance and on his knees. and hands. A 2nd note completed on / at 11:00 p.m. noted Resident #5 had a unwitnessed in the "BR." The resident's record contained a physician's order dated / noting resident had an unwitness with to his left . It noted resident loss his balance. This was not listed on the facility's incident log. The record had a physician's order dating . It said the resident was observed on the floor in his apartment. He had a to the upper left arm. This was not listed on the facility's incident log.

The facility submitted to the Agency for Health Care Administration Area 8 field office a corrective action plan dated . Part of the plan included a " Management Investigation" form. It noted to be initiated for with injury or otherwise directed by Risk Management Team. On / at 2:26 p.m. the Director of Resident Care (DRC) provided a copy of 1 form / . The form was not complete and did not note the time or other listed information on the form. The DRC said Resident #5 was sent out to a rehabilitation center on / . She could not say if the noted on / resulted in the

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resident's transfer. She also said that Resident #5 ambulated with a walker throughout the facility independently. When Resident #5 on the sidewalk outside the build he was ambulating independently outside the building to smoke.

Resident #5's most current Health Assessment form 1823 completed by a physician stated the resident needs assistance with ambulation. The Resident's Personal Service Plan for Resident #5, dated / , stated resident's mobility is independent with a wheelchair. It noted "escort to activities - No."

2. Record review for Resident #7 found she was admitted to the facility on / / . A review of the facility's incident log found she had a on / and again on / . The on / resulted in an injury to the head and arm and required the resident to be transported to the emergency . The resident's admission 1823 completed on 1/ / by a physician stated the resident needs assistance with ambulation. The comments stated 1 - 2 person assistance.

Resident #7's Personal Service Plan dated / noted the resident's mobility is independent ambulation, "escort to activities."

On / at 2:26 p.m. the DRC said no " Management Investigation form was completed for the resident's on / .

On / at 11:35 a.m. Staff A said she is aware of the care needs of Resident #7. She said the resident ambulates throughout the secure unit with a walker. She said assistance with ambulation could mean stand by assistance which means as they go through the unit you walk with the resident to provide support if needed. It can also means providing hands on assistance to provide support. She said they do not provide either for Resident #7. She said Resident #7 ambulates throughout the unit independently.

On / at 11:45 p.m. Staff B, the nurse that works in the secure unit, said they do not provide hands on assistance or escort Resident #7 when she ambulates throughout the unit.

On / at 12:22 p.m. Resident #7 was observed getting up from the dining eating the noon meal. She was observed taking her walker and ambulating out of the dining -assisted.

3. Record review for Resident #8 found he was admitted to the facility . The facilitie's incident log showed the resident had a on and . In the record there was a progress note dated / at 4:40 p.m. the resident was found on the floor. It stated the resident was shaking and weak. A cool cloth was applied to his forehead and was administered. The record also

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contained a physician's order regarding the of . It noted resident is experiencing pain to the left shoulder. This was identified on the facility's incident log. The record contained a physician order dated / . It was noted to be an unwitnessed . It noted "trying to get to w/c (wheelchair)." It did not identify the location of the incident. This was listed on the facility's incident report. The resident's record contained a physician's order and a progress note identifying a resident occurring on / .

On / at 2:26 p.m. the DRC said no Management Investigation has been completed for the for Resident #8.

Resident #8's most current 1823 dated noted resident needs assistance by staff.

The facility failed to provide the assistance with ambulation throughout the facility as noted on their 1823 for Resident
#5 and #7. The facility failed to complete their plan of correction to complete their " Management Investigation," form to provide supervision and intervention to prevent resident for Resident #5, #7, and #8. This is a uncorrected deficiency.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Harborchase Of Sarasota
5311 Proctor Rd
Sarasota, FL 34233

RE: CCR #2016009705

Dear Administrator:

This letter reports the findings of a state licensure revisit survey that was conducted on 25, 2017 by a representative 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 February 17, 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/Fo.....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, RN
Field Office Manager

JS:
Enclosure: State (5000-3547) Form

XG90

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Fort Myers, FL 33901
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