STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965444	03/09/2017
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF GAINESVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1415 FORT CLARKE BLVD** **GAINESVILLE, FL 32606**	

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

0000 - Initial Comments

On , 2017, a complaint investigation survey (CCR#2017002358) was conducted at Harborchase of Gainesville Assisted Living Facility (facility license number 9815). During the survey deficient practice was identified.

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review, interview, and observation, the facility failed to obtain revised instructions for a medication prescription for 1 of 7 residents (Resident #6).

Findings:

On , a review was conducted on Resident #6's medication, which showed -
5-325 mg take 1 PRN tablet every 4 hours as needed for pain scale 4-6.

On at 1:30 PM, an interview with Resident #6. Resident #6 was asked if unlicensed staff assist him with his medication. He stated, "Yes, I get assistance with my medication. They bring my pills, but now they crush them." Resident #6 was asked if the staff crush them in his presence. He stated, "No, they do not crush them in my presence." Resident #6 was asked if they read the medication label or tell him what he is taking. He stated, "No, they do not tell me the name or read the label to the medication." Resident #6 was asked if he knows if he is taking any pain medication. He stated, "I do not know if I take any pain medication, I think they give me a ." Resident #6 was asked if he is offered every 4 hours. He stated, "No, they do not give me a . No, I do not get my medication every 4 hours just twice a day." Resident #6 stated, "My only concern is that when someone is new they may skip a medication or two, or when I am almost running out they do not order it in time and I may go without for a day or two."

On at 11:45 AM unlicensed staff, Staff C, was observed to assist a facility resident with their medication.

On at 2:32 PM unlicensed staff, Staff D, was observed to assist a facility resident with their medication.

On at 2:48 PM unlicensed staff, Staff E, was observed to assist a facility resident with their medication

On at approximately 4:45 PM, an interview was conducted with the facility Resident Care

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	AL11965444	**03/09/2017**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Director. She was asked why didn't the facility obtain a revised order for Resident #6's
5-325 mg PRN as needed for pain scale 4-6. She stated the prescription came from the hospital like that and should have been changed, but it wasn't caught.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965444	03/09/2017
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF GAINESVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1415 FORT CLARKE BLVD** **GAINESVILLE, FL 32606**	

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