STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965444	**05/11/2017**
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

An unannounced Complaint Survey (CCR#2017004084) was conducted on at Harborchase of Gainesville Assisted Living Facility in Gainesville. Deficient practice was identified as a result of this survey. License #9815.

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to notify Department of Children and Families (DCF), the Agency for Health Care Administration (AHCA) or the Police Department of 1 of 1 residents (Resident #1) receiving a from an unknown source.

Findings:

A clinical record review showed Resident #1 did not have a physician's order for the medication , . A review of the resident's medication observation records did not show the resident was receiving the medication , .

During an interview on at 11:00 AM, with the Director of Resident Care (DORC), she stated she was clueless as to how Resident #1 came to have , in her system. The facility did not notify the police, Department of Children and Families (DCF), or Agency for Health Care Administration (AHCA) of a resident (Resident #1) in their facility receiving the , , from an unknown source.

During an Interview on at 11:29 AM, with the Executive Director (ED, she stated Resident #1's family provided the facility with a copy of the abnormal lab result on , , 2017 showing that the resident had the , , in her body. The ED initially did not understand that the , involved was , . The facility did not notify DCF, AHCA or the police that a resident in the care of the facility had received a (,) from an unknown source. The facility does not have a policy and procedure in place for preventing a resident from receiving a medication from an unknown source.

Class III