STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963919	**06/01/2017**
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2960 TAMPA ROAD** **PALM HARBOR, FL 34684**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2017003406), was conducted at Harborchase on , in conjunction with a biennial re-licensure survey with extended congregate care (ECC). Harborchase had deficiencies at the time of the visit.

(License # 8728)

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on interview and record review, the facility failed to maintain a daily medication observation record (MOR) that recorded each time a medication was taken or refused by a resident for two (Resident #1 and Resident #6) of five residents sampled.

Findings included:

A review of the MOR for Resident #1 for 2017 was conducted on and it showed 3 medications to be given at 8 AM. The MOR showed blank spaces, not initialed, for the dates of and for all 3 medications. The MOR also showed one of the medications circled 14 times between and with no explanation noted (photographic evidence obtained).

A review of the MOR for Resident #6 for 2017 was conducted on and it showed 8 medications to be provided. The morning dosages for 6 of the medications were not documented on . Two of the medications that were to be given at 8 PM were also not documented for (photographic evidence obtained).

The Resident Care Director was interviewed at 4:38 PM on concerning the omissions in the MOR for Resident #1 and Resident #6 and they acknowledged the lack of required documentation.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963919	**06/01/2017**
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2960 TAMPA ROAD PALM HARBOR, FL 34684**	

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

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

Based on interview and record review, the facility failed to ensure that prescriptions for residents who received assistance with self-administration of medication were refilled in a timely manner for one (Resident #1) of five residents sampled.

Findings included:

A review of the medication observation record (MOR) for Resident #1 for , 2017 was conducted on and it showed a medication circled for the dates of , /, , and . . The back of the MOR showed notations stating "not given- not in cart". The notations for . . . and . . . stated "need Dr. order".

The Director of Resident Care was interviewed at 5:03 PM on concerning Resident #1's lack of refill and what they considered to be a timely refill of a medication. The Resident Care Director stated that a medication should not be unavailable for more than 24 hours.

Class III