STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965356	**05/16/2017**
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF TALLAHASSEE**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 JOHN KNOX ROAD** **TALLAHASSEE, FL 32303**	

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

0000 - Initial Comments

An unannounced biennial survey with specialty license for extended congregate care was conducted in conjunction with a complaint survey for allegations contained within CCR2017002909 at Harbor Chase of Tallahassee Assisted Living Facility (license number 9730) from through . At the time of survey there were deficiencies identified related to the biennial survey.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure that 2 of 3 sampled employees (#A, # B) had documented evidence for receipt of ( ) testing within 30 days of being hired at the facility.

The findings:
On , 2017 a record review was conducted on employees (#A, #B) file. Upon review of employee A and B files there were no documentation that indicated the facility had received negative status for both employees.

On , 2017 at approximately 1:30pm an interview was conducted with the Administrator. The administrator stated "They did not have an up-to-date status for employees due to having no Director of Nursing at the moment".

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to ensure that 1 of 3 sampled employees (# B) had received training related to assistance with activities of daily living and behavior needs (ADL) and safe food handling training within 30 days of being hired.

The Findings:
On , 2017 a record review was conducted on employee (#B) file. Upon review of employee B file there was no documentation that indicated employee B had received training related to assistence with ADLs and behavior needs, or safe food handling training.

On , 2017 at approximately 1:50pm an interview was conducted with the administrator. The administrator stated "They did not have the appropriate training for the employee due to staff turnover".

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observation, interview and record review the facility failed to ensure that 1 of 3 sampled employees (#A) completed 2 hours of assistance with self-administered medications training annually.

The Findings:

On at approximately 12:15pm an observation was conducted of employee A providing assistance with self-administration of resident medications.

A record review was conducted of employee A personnel file to find no annual 2 hours of continuing education related to provision of assistance with self-administered medications.

On at approximately 1:55pm an interview was conducted with the Director of Memory Care, and acting Director of Nursing who confirmed that employee A's personnel file did not have the annual 2 hours of continuing education training for assistance with self-administered medications.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview. The facility failed to ensure that 1 of 3 sampled employees (# B) had received training ( ) within 30 days of being hired.

The Findings:
On , 2017 a record review was conducted on employee (#B) file. There was no documentation that indicated employee B had received training.

On , 2017 at approximately 1:50pm an interview was conducted with the administrator. The administrator stated "They did not have the appropriate training for the employee due to staff turnover".

Class III

E205 - ECC - Health Assessment - 58A-5.030(6) FAC

Based on record review and interview the facility failed to ensure that 1 of 6 Extended Congregate Care (ECC) residents receiving ECC services obtained a new health assessment annually. (resident #9)

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF TALLAHASSEE**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 JOHN KNOX ROAD** **TALLAHASSEE, FL 32303**	

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

The Findings:
Review of the medical record for resident #9 revealed his last health assessment had been conducted on .

On at approximately 1:55pm an interview was conducted with the Director of Memory Care and acting Director of Nursing who confirmed that resident #9's last health assessment was conducted on and there was not an updated health assessment for the resident.

Class III