STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968928	**08/23/2017**
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 relicensure survey was conducted from through at Harborchase Of Sarasota, an assisted living facility (license #12753) in Sarasota, FL.

The following is description of the deficiencies found at the time of the visit.

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

Based on a review of 2 of 3 record reviews, and interview with administrative staff, the facility failed to ensure there was effective coordination and communication between the facility and the outside vender for 1 (Resident #12) of the records reviewed.

The findings included:

Resident #12 was admitted to the facility on . A review of the record in the health assessment form 1823, dated , revealed the resident has and required 3 time a week. Because of the , residents receiving this treatment require additional portions of protein and have limitations in their diet. The center provides instruction in the diet to their patients so they can be independent with dietary controls. There was no documentation in the resident record to show communication with the center.

On at 10:15 a.m., the executive director said the facility does not provide a diet, but agreed they could ensure the additional protein requirements are met.

On at 10:30 a.m., the Director of Wellness said she has never communicated with about this resident including communication about specialized dietary requirements.

Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on 2 of 3 personnel records reviewed, facility records reviewed, and staff interview, the facility failed to ensure staff K and L had training in Level 1 within 3 months of hire.

The findings included:

A review of Staff K and L's personnel records showed they were hired on and respectively.

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There was no documentation showing they had level 1 training.

A review of the facility staff schedule showed throughout the month of Staff K and L worked in the memory care unit. A review of a facility pamphlet used for advertising showed they provide care and services for people with and 's .

On at 10:30 a.m., the business office manager said the facility does care for residents with and 's in the memory care unit. She reviewed Staff K and L's personnel records and confirmed this training was not done within the first 3 months of employment.

Class III

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

Based on 2 of 3 personnel records reviewed and staff interview, the facility failed to ensure staff K and L had training in the facility's policy and procedure.

The findings included:

A review of Staff K and L's personnel records showed they were hired on and respectively.

There was no documentation in their files showing they had training in the facility's policy and procedures.

On at 10:30 a.m., the business office manager reviewed Staff K and L's personnel files and confirmed this training was not documented their files.

Class III

E206 - ECC - Service Plans - 58A-5.030(7) FAC

Based on a review of 2 (Resident #11 and #13) of 2 extended congregate care (ECC) residents of a total 9 ECC residents, the facility failed to ensure the service plan contained the required elements, and were included the resident and/or family development for resident #11 and 13.

The findings included:

1. The facility has 2 forms they use for service plans for residents. One labeled standard 9.4: ECC service plan and a second labeled Resident personal service plan and assisted living evaluation.

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2. Resident #11 was receiving ECC services with a ECC service plan dated . Resident #11's service area had 2 statements which were for ADL's (activities of daily living such as bathing, dressing, eating, toileting) and , care. The form was updated quarterly. However, there was no evidence the residents/responsible parties were involved in the ECC service plan development. There was a space on the form for the resident/family to sign. This area was blank for resident #11.

The ECC service plan did not contain all of the required elements for health monitoring, supervision, special diet, ancillary services, provision of other services such as transportation or supportive services, and manner of service provision including family and friends. On at 10:30 a.m., it was confirmed with the Director of Wellness that the ECC service plan did not contain all of the required elements on this form.

The facility has another form labeled resident personal service plan and assisted living evaluation (no form number). On at 10:30 a.m., the Director of Wellness said they use both of these forms as a personal service plan. This plan contained the required information, but this updated form was not signed by a staff member, and also did not include the resident/family signatures to show involvement.

3. Resident #13 had a ECC service plan which indicated nursing was to assist with the application and removal of the left lower leg brace. It was to be applied in the morning and removed at night. This was the only document this resident had in the records, there was no resident personal service plan and assisted living evaluation for this resident. The ECC plan was dated and updated on . There was no resident or family involvement documented on this form. On at 2:00 p.m., this information was confirmed with the Director of Wellness.

Class III

E207 - ECC - Services - 58A-5.030(8) FAC

Based on a review of 2 (Resident #11 and #13) of 2 resident receiving Extended Congregate Care (ECC) of a total of 9 residents on ECC, the facility failed to ensure there was documentation of monthly nursing assessments and documentation of ECC care for residents #11 and #13.

The findings included:

1. A review of Resident #11's record revealed the facility has forms labeled LNS/ECC monthly. The form was for documentation of the monthly nursing assessment.

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Review of Resident #11's form revealed monthly assessment for , , and . There was no further ECC monthly assessment for this resident.

On at 1:52 p.m., the Director of Wellness confirmed the monthly assessments were not present.

2. Resident #13 has orders for a brace to be applied in the morning and taken off at night. For the period of through , there was no documentation for 49 of 96 opportunities to document either the applying or taking off of the , .

On at 2:00 p.m., this was confirmed with the Director of Wellness.

Further review of Resident #13's record revealed a monthly assessment dated . There was no further monthly assessment present in the record. This was also confirmed in the 2:00 p.m. interview with the Director of Wellness.

Class III

E210 - ECC - Training - 58A-5.0191(7) FAC

Based on 2 of 3 personnel records reviewed, the facility license review and staff interview, the facility failed to ensure Staff K and M had training in Extended Congregate Care (ECC).

The findings included:

A review of the facility license showed they have a speciality license for ECC.

A review of Staff K and M's personnel records showed they were hired on and respectively. There was no documentation showing they had training in ECC within 6 months of their hire date.

On at 10:30 a.m., the business office manager reviewed these two files and confirmed there was no documentation showing Staff K and M had training in ECC as of yet.

Class III