STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963919	R 08/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE	**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 revisit to a complaint survey, (CCR# 2017003406) was conducted at Harborchase on , in conjunction with a revisit to a Biennial state licensure survey with Extended Congregate Care (ECC) and a new complaint survey. Harborchase, Assisted Living Facility, had new deficiencies at the time of the the visit.

(License # 8728)

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation, interview, and record review, the facility failed to provide assistance with self-administration of medication in accordance with procedures described in Section 429.256, F.S. for one (Resident #10) of seven residents during a medication review.

Findings included:

A medication review was conducted on . Staff A, a med tech, placed Resident #10's medication in to a plastic sleeve and crushed it in a device (per orders). Staff A then placed the crushed medication in a cup and mixed it with applesauce. Staff A brought the medication to Resident #10, explained the medication, and proceeded to feed the medication without Resident #10 using their hands. Resident #10 was in the facility's beauty salon at the time and their arms and hands were covered with a smock.

An interview was conducted with Staff A at 11:49 AM on and they were asked why they fed/administered the medication to Resident #10. Staff A stated that Resident #10 won't take the medication by themselves. Staff A stated that if they were to hand the spoon to the resident, they would throw it away.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation, interview, and record review, the facility failed to centrally store a medication in a locked cabinet or locked cart, per facility rules, for one (Resident #9) of 7 residents during a medication review.

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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)

Findings included:

A medication review was conducted on . . . . Upon review of medications about to be provided to Resident #9, Staff A stated that the medication, a prescribed , gel, was in the resident's they went to retrieve it. Staff A brought the medication back to the med cart and prepared for assistance with self-administration of the medication.

Staff A was interviewed at 11:48 AM on and explained that they left the medication in a drawer in the resident's . . . . . they had provided it to the resident earlier that day. Staff A acknowledged that they had made a mistake.

An interview was conducted with the Administrator at 1:51 PM on concerning the facility's policy and procedures on centrally stored medications. The Administrator stated that if a resident is on the facility's medication program, their medications should be centrally stored.

Class III