STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965695	11/07/2017
NAME OF PROVIDER OR SUPPLIER **HARBOR PLACE AT PORT ST LUCIE,**	STREET ADDRESS, CITY, STATE, ZIP CODE **3700 SE JENNINGS ROAD** **FORT PIERCE, FL 34952**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR#2017008340, was conducted on and , 2017 at Harbor Place At Port St. Lucie (The), License #10035. The facility had a related deficiency identified at the time of the investigation.

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

Based on record review and interviews, the facility failed to ensure one and fifteen day adverse incident reports were completed within the required timeframe for 1 out of 3 sampled residents (Resident #1).

The findings included:

Resident #1's health assessment (AHCA Form 1823) dated indicated she required no supervision with ambulation and was "independent" with all activities of daily living (ADLs) except bathing. She was noted to be "alert and oriented x3" and used a "rolling walker and scooter" for ambulation.

An incident report dated documented that at 2:30 PM, Resident #1 was found by a visitor on the ground outside the building in the gated patio area where residents congregate. The incident was not witnessed, and the resident was noted to be "nonverbal...but responds to stimulus and name." The resident was transferred to the hospital. The hospital record dated shows the "diagnosis, assessment and plan" as "severe , with hyperthermia due to and acute ( ); depletion; macrocytic ; essential ; right lower extremity ; prophylaxis." The resident returned from the hospital on with a home health agency providing treatment with a plan of care starting for a primary diagnosis of a " " and secondary diagnosis of a "laceration to the right lower leg".

During interview with the Administrator on at 1:30 PM, she stated an adverse incident report (one or fifteen day) had not been completed for the resident's unwitnessed incident. She stated that the adverse incident reporting system was , at the time that she attempted to submit the report.

A one day adverse incident report was subsequently filed by the facility on and the fifteen day adverse incident report was completed by . The reports were not completed within the required timeframe of "within one business day of the incident" for the one day report, and "within fifteen calendar days of the incident" for the fifteen day report. The report was required for this resident who was transferred to the hospital for treatment of her condition due to the incident.

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Class III