| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965444** | **05/01/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**HARBORCHASE OF GAINESVILLE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1415 FORT CLARKE BLVD**<br>**GAINESVILLE, FL 32606** | |

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

**0000 - Initial Comments**

An unannounced Extended Congregate Care (ECC) survey was conducted on . . . . . at Harborchase Assisted Living Facility Center in Gainesville. The facility is not in compliance at the time of this survey. License #9815.

**0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC**

Based on record review and interview the facility failed to update a resident's Agency for Health Care Administration (AHCA) form 1823 after a significant change in condition for one of two records reviewed. Resident #1.

Findings:

A clinical record review of resident #1 revealed showed the resident had a Agency for Health Care Administration (AHCA) 1823 form completed on . The AHCA 1823 form did not reveal the resident needed to receive Extended Congregate Care Services (ECC) or Hospice Care.

During an interview on . . . . . at 2:34 PM with the Director of Nursing (DON) stated, the resident AHCA form 1823 was completed by the Physician on . The DON confirmed the AHCA 1823 dated . . . . . , had not been updated to reflect the resident was receiving ECC or Hospice services for his G-Tube.

Class III