

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 10/05/2018  
FORM APPROVED

|                                                                              |                                                                                                           |                                                           |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11969234</b>                               | (X3) DATE SURVEY COMPLETED<br><br><b>R<br/>09/12/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HARBORCHASE OF PALM BEACH GARDENS</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3000 CENTRAL GARDENS CIR<br/>PALM BEACH GARDENS, FL 33418</b> |                                                           |

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

**0000 - Initial Comments**

An unannounced revisit to the licensure complaint surveys, CCR# 2018003775 & 2018004197, was conducted on \_\_\_\_\_ at Harborchase of Palm Beach Gardens, License # 13037. The facility had an uncorrected deficiency at the time of the visit.

**0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS**

Based on interview and record review it was determined the facility failed to establish a grievance procedure to facility prompt resolution to expressed grievances/concerns for 2 of 3 sampled residents (Resident #1 and Resident #2).

The findings include:

1) During interview and review of resident grievances conducted with the Administrator, on \_\_\_\_\_ beginning at approximately 9:30 AM, a self-reported grievance for Resident #1 was located. This grievance, dated \_\_\_\_\_, noted "inappropriate advance from" Resident #4. The action taken to resolve the concern was noted as the daughter of Resident #4 (the alleged \_\_\_\_\_) was called and talked to about the situation. Administrator met with Resident #4 and he denied claim. Spoke with daughter and she would not confront him at this time. This was noted to be resolved. The Administrator was asked where this form indicates anything being done for Resident #1 (the alleged victim). The Administrator acknowledged that it did not address this.

During subsequent interview conducted with Resident #1, on \_\_\_\_\_ at approximately 10:30 AM, she was asked about this incident (as the grievance form was vague). She stated Resident #4 and she were walking in the hallway and Resident #4 reached out and grabbed her \_\_\_\_\_. She stated she yelled at him not to do that and then she reported it. She was asked if anyone from the facility every followed up with her about this incident. She replied they had not. She was asked if she believed this grievance had been resolved. She stated Resident #4 has not grabbed her \_\_\_\_\_ again.

2) During interview and review of resident grievances conducted with the Administrator, on \_\_\_\_\_ beginning at approximately 9:30 AM, a self reported grievance complaint was filed by Resident #2. This grievance, dated \_\_\_\_\_, indicated Resident #2 stated he was missing \$403.00 from his wallet. This was all that was documented on the form. There were no investigative notes or resolution documentation. The Administrator was asked about his knowledge of this incident. He stated Resident #2 had a few friends visiting that day and the facility could not determine if the money had been taken or misplaced. He stated the resident chose not to call law enforcement. He acknowledged this was not

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| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                             |                                                                                                           |                                                          |
| <p>documented. This resident was not available for an interview on the day of this inspection.</p> <p>Class III<br/>Uncorrected</p> |                                                                                                           |                                                          |