STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965356	10/03/2018
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF TALLAHASSEE**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 JOHN KNOX ROAD** **TALLAHASSEE, FL 32303**	

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

0000 - Initial Comments

An unannounced complaint survey for allegations contained in CCR# 2018010524 was conducted, in conjunction with an Extended Congregate Care Monitoring survey, on at Harborchase of Tallahassee Assisted Living Facility (License# 9730). Deficient practice was identified at the time of the survey.

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

Based on observations, record reviews and interviews, the facility failed to honor resident rights related to the use of for 1 of 5 sampled residents (#5).

The findings were:

On at approximately 10:13 AM, resident #5 was observed lying in bed. The right side of the residents bed was pushed up against the wall and the left side of the bed was observed to have a full side rail in the up position. Photographic evidence was obtained.

A review of the residents record revealed an physician order written on for a hospital bed with 1/2 side rails and the justification for use was: hospice patient.

On an interview was conducted with the memory support Unit Manager (UM) who stated the side rail was in use because the resident attempts to scoot herself out of the bed and is in use as a precaution. When asked about why the bed was pushed up against the wall, the UM stated the resident's spouse requests the bed be that way to prevent . The UM stated she did not know this was considered a because it was requested by the resident's spouse.

A review of the facility's policy on use of restrainers, titled Standard 4.11: Assistive Bed Device, Standard, reviewed , was conducted. The document stated in paragraph 1, the community staff needs to reinforce with families that side rails can only be placed as an enabler for the resident, and they cannot be put in use per the family direction to "keep the resident in bed". Procedure 1 of the document stated side rails are considered when they are used to limit the resident's freedom of movement (prevent the residents from leaving his/her bed).

Class III