STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969234	05/23/2019
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF PALM BEACH GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **3000 CENTRAL GARDENS CIR** **PALM BEACH GARDENS, FL 33418**	

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

0000 - Initial Comments

An Extended Congregate Care monitoring survey was conducted at Harborchase of Palm Beach Gardens on . . . . . . The facility had deficiencies at the time of the survey.

E205 - ECC - Health Assessment - 58A-5.030(5) FAC429.07 (3)(b)6., FS

Based on record review and interview, the facility failed to ensure residents receiving Extended Congregate Care (ECC) services receive a Agency for Health Care Administration (AHCA Form 1823) health assessment by a licensed professional annually , for 1 of 1 sampled resident (Resident#1).

The Findings Included:

On at approximately 11:10AM, a record review was completed for Resident#1 and revealed a ACHA Form 1823 dated . . . . . Further review revealed no current ACHA Form 1823 for Resident#1. At this time, the facility was provided an opportunity to locate the documentation.

During an interview with the Administrator on at approximately 12:30PM, the findings were acknowledged and no additional documentation was provided for review.

Class III

E206 - ECC - Service Plans - 58A-5.030(6) FAC

Based on record review and interview, the facility failed to ensure, a 14-Day service plan was written for 1 of 1 sampled resident receiving ECC services (Resident#1).

The Findings Included:

On . . . . . at approximately 11:30AM, a record review was conducted for Resident#1 and revealed, no documentation of the development of a 14 Day written service plan that takes into account the residents health assessment, unique physical, , ... , and social needs and preferences, that was agreed upon by the resident or designee. At this time, the facility was provided an opportunity to locate the documentation.

During an interview with the Administrator on . . . . . at approximately 12:20PM, the findings were acknowledged and no additional documentation was provided for review.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969234	**05/23/2019**
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF PALM BEACH GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **3000 CENTRAL GARDENS CIR** **PALM BEACH GARDENS, FL 33418**	

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

Class III

E210 - ECC - Training - 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure the Extended Congregate Care Supervisor completed core training and received a passing score on the exam for 1 of 1 sampled staff (Staff A).

The Findings Included:

On at approximately 10:15AM, a employee record review was completed for Staff A and revealed Staff A was hired on as a Registered Nurse, and was appointed ECC Supervisor on . Further review revealed Staff A did not complete the required core training within 3 months of . Currently Staff A does not have core training.

During interview with the Administrator on at approximately 12:15AM, the findings were acknowledged and no additional documentation was provided for review.

Class III