STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965157	**05/20/2019**
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF CORAL SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2975 NW 99TH AVENUE** **CORAL SPRINGS, FL 33065**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR# 2019006154 and 2019002581, was conducted on at HarborChase of Coral Springs, License # 9503. The allegations were substantiated for CCR # 2019006154. The allegations were unsubstantiated for CCR # 2019002581. The facility had deficiencies at the time of the investigation.

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on interview and record review, the facility failed to ensure that the Florida Health Assessment forms (AHCA 1823 form) was accurate and complete, for 4 of 4 (Resident # 1 - # 4).

The findings included:

On 05/ a review of the 1823 forms was conducted for the following residents: The forms were missing information or found to be inaccurate. The review of the census list and the Hospice Certification indicates the following residents were receiving hospice care:

1. Resident # 1 was admitted into the facility in . The section for diagnosis indicated medical billing code numbers on the AHCA 1823 form. The AHCA 1823 form was dated .
2. Resident # 2 was admitted into the facility on . The resident was admitted receiving hospice services. The section for Nursing/treatment/ , , and services section does not reflect hospice services.
3. Resident # 3 was admitted into the facility in . The resident was receiving hospice services. The section for Nursing/treatment/ , , and services section does not reflect hospice services on the AHCA 1823 form dated . There was a handwritten note stating the resident started receiving hospice on .
4. Resident # 4 was admitted into the facility in . The resident was receiving hospice services. The section for Nursing/treatment/ , , and services section does not reflect hospice services.

On at 02:55 PM, an interview was conducted with the Administrator. She acknowledged that the Resident's AHCA 1823 form should have been updated to reflect the receipt of hospice services.

Class III

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

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	AL11965157	**05/20/2019**
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF CORAL SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2975 NW 99TH AVENUE** **CORAL SPRINGS, FL 33065**	

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

Based on observation, interview and record review, the facility failed to assess the resident after a significant change and continued residency. Also, the facility failed to ensure consultation with, and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family for third party services for 1 of 4 residents reviewed. (Specifically, Resident # 1).

The findings included:

On at 09:20 AM, an interview was conducted with the daughter of Resident # 1. She stated she was made aware on that her mother had been seeing a psychiatrist on a monthly basis since . She stated she is the responsible party for her mother. She stated that her mother is and is unable to consent to services. She stated she never agreed to these services. She stated she was given a bill from her mother's health insurance company.

On , a review was conducted of the medical chart for Resident # 1. Resident # 1 was admitted into the facility in . The initial Florida Health Assessment form (1823 form) was completed on . The 1823 form indicated that the resident had the following diagnosis: of Metabolism,

A review of the billing statements revealed that Resident # 1 began to receive monthly visits from an outside Psychiatrist on . A review of the file revealed that the physician order was missing for services. The review of the file revealed that the 1823 form had not been updated to reflect a new diagnosis for care. A review of the medical chart revealed that a signed consent was missing from the resident or her responsible party.

On at 11:40 AM, an interview was conducted with the Administrator. She stated that Resident # 1 is . She stated that her daughter is her Power of Attorney and Health Care Surrogate. She could not produce the legal document.

On , a review of the medical chart was conducted. It was revealed that there were not any notes regarding behavior exhibited by the resident to require psych services or to demonstrate if the services were beneficial to Resident # 1.

On at 02:55 PM, an interview was conducted with the Administrator. She stated the Resident's daughter had initially requested a psych evaluation. She confirms that the facility failed to obtain a consent for services.

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	AL11965157	**05/20/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF CORAL SPRINGS	**2975 NW 99TH AVENUE CORAL SPRINGS, FL 33065**

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

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on interview and record review, it was determined that the facility failed to maintain a written record of significant changes and/or changes resulting in additional care services (including hospice services, for 4 out of 4 sampled residents (Resident #1-#4).

The findings included:

On a review of the resident records was conducted.

1. Resident # 1 was admitted into the facility in . A review of the Florida Health Assessment (1823 form) dated was conducted. The diagnosis section does not indicate any or diagnosis of . A billing statement revealed that the resident was seen by a psychiatrist on a monthly basis from - . The review of the progress notes during this period, do not reflect any mention of those services.

2. Resident # 2 was admitted into the facility on . The section for Nursing/treatment/ and services section does not reflect hospice services listed on the 1823 form dated . The review of the medical records progress notes do not mention the frequency of the nursing or certified nursing assistant (CNA) visits. The Interdisciplinary Care Plan dated indicated the resident was assigned nursing visits weekly and CNA visits 3 x weekly.

3. Resident # 3 was admitted into the facility in . The section for Nursing/treatment/ and services section does not reflect hospice services on the 1823 form dated . The progress notes do not indicate any observations made by the clinical staff regarding the resident's condition and behaviors. There were not any notes regarding the third party services being provided.

4. Resident # 4 was admitted into the facility in . The resident was receiving hospice services. The progress notes do not indicate any observations made by the clinical staff regarding the resident's condition and behaviors. There were not any notes regarding the third party services being provided.

On at 02:55 PM, an interview was conducted with the Administrator. She acknowledged that the residents medical record progress notes had not been updated to reflect the coordination of care between the third party providers and/or changes in care requirements for residents.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on interview and record review, the facility failed to display the phone number for the Agency for Health Care Administration (AHCA) in full view in a common area.

The findings included:

On at 09:20 AM, a tour of the facility was conducted. It was revealed that the AHCA Advocacy poster was not displayed in full view in a common area in the facility.

On at 02:55 PM, an interview was conducted with the Administrator. She acknowledged the findings.

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