

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969452	(X3) DATE SURVEY COMPLETED R 08/12/2019
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF DR PHILLIPS	STREET ADDRESS, CITY, STATE, ZIP CODE 7233 DELLA DRIVE ORLANDO, FL 32819	

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

0000 - Initial Comments

A second revisit to complaint investigation #2019002173 was conducted at Harborchase of Dr Phillips Assisted Living on Deficiencies were identified at the time of the visit.

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility failed to ensure that facility records included an up to date admission and discharge log for 3 of 8 residents sampled (#3, 6 & 12).

Findings:

On , review of the facility census revealed there were 33 residents in the facility on the day of the visit.

Review of the admission and discharge log revealed resident #3 and #6, both previously investigate in relation to this complaint, were not entered on the admission/discharge log at all. Resident #12 was appeared on the current census but was not entered on the admission/discharge log. None of the 37 residents on the log had any information listed about the location of their previous residence.

(photographic evidence obtained)

On at 12:10 PM, the administrator confirmed the findings.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on resident record review and interview the facility failed to obtain a complete and accurate Interdisciplinary Care Plan for hospice services for 1 of 2 sampled residents (#10).

Findings:

Review of the record for resident #10 revealed she was admitted to the facility on and resided in the secured memory care unit. Her admission health assessment (1823) was dated and an

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969452	(X3) DATE SURVEY COMPLETED R 08/12/2019
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF DR PHILLIPS	STREET ADDRESS, CITY, STATE, ZIP CODE 7233 DELLA DRIVE ORLANDO, FL 32819	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
updated 1823 dated , and both forms documented "hospice care." There was also significant progress and care documentation from the hospice provider in the record. Further review of the record did not reveal the hospice Interdisciplinary Care Plan. The nursing director attempted to obtain a copy from hospice without success. On at 4:30PM, the administrator and nursing director confirmed the finding. Class III Z821 - Reporting Requirements; Electronic Submission - 59A-35.110 FAC DEFICIENCY REMAINED UNCORRECTED Based on record review and interview, the facility failed to submit electronic adverse reports when a resident eloped three times from the secure memory care unit (#5), when an event was reported to law enforcement for investigation (#6), and when a resident eloped from the memory care unit and was potentially at risk for harm (#8). Findings: An Adverse Incident Log was provided for review. The log listed 4 incidents. The documentation in the binder did not contain completed Adverse reports as required. 1. Resident #5, previously cited for 3 separate elopement incidents in , and , was discharged from the facility on after being given a 45-day notice of discharge. The entry on the log for an incident on included dates for the submission of the Day 1 and Day 15 Adverse reports, however, they were not available for review. There was a second entry for another incident on , but no dates for submission on an Adverse report were listed and no report was available for review. 2. Resident #3, previously cited after being accused of touching another resident (#6) inappropriately on , was discharged from the facility on . Law enforcement was involved in investigating the allegation. The entry of the log listed the name of resident #6, the alleged victim, and not resident #3 the resident involved. There was no adverse report available for review. 3. Resident #8, previously cited after eloping from the facility on , found an entry on the log for the incident for and a Day 1 electronic submission of the AHCA Adverse Report, submitted on . There was no Day 15 report with the results of the investigation and plan to prevent further		

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/26/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969452	(X3) DATE SURVEY COMPLETED R 08/12/2019
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF DR PHILLIPS	STREET ADDRESS, CITY, STATE, ZIP CODE 7233 DELLA DRIVE ORLANDO, FL 32819	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
elopement. (photographic evidence obtained) On at 11:30AM, the administrator confirmed the findings. Unclassified		