

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11963919</b>	(X3) DATE SURVEY COMPLETED  <b>06/01/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>HARBORCHASE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2960 TAMPA ROAD PALM HARBOR, FL 34684</b>	

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

**0000 - Initial Comments**

Assisted Living Facility

On . . . . ., 2017, a biennial re-licensure survey with extended congregate care (ECC) in conjunction with a complaint survey, (CCR# 2017003406), was conducted at Harborchase. Deficient practice was identified at the time of the visit.

(License # 8728)

**0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC**

Based on records review and interviews, the facility failed to ensure that resident's admissions health assessments addressed all of the required areas for 2 of 18 residents sampled.

Findings included:

A review of Resident #6's records on . . . . . revealed that the resident was admitted into the facility on . . . . . The records showed an initial 1823 assessment completed by a doctor and dated . . . . . The 1823 assessment dated . . . . . did not indicate if Resident #6 could independently take medications, needed any assistance with medications, or needed medication administration.

A review of Resident #13's records on . . . . . revealed that the resident was admitted into the facility on . . . . . and had an initial 1823 assessment dated . . . . . The resident had a significant change and had a new 1823 assessment completed by a doctor and dated . . . . . The 1823 assessment dated . . . . . did not indicate Resident #13's weight or height, whether the resident's needs could be met in an assisted living facility, nor did it indicate what type of assistance the resident needed for taking medications. The 1823 assessment dated . . . . . was also missing the name and address of the receiving facility and there was no signature by the recipient or guardian.

The Resident Care Director was interviewed at 3:30pm on . . . . . and stated that the 1823 assessments should have been completely filled out by the doctors and that the facility should have requested the additional information that was required.

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Class III

**0083 - Training - First Aid and - 58A-5.0191(4) FAC**

Based on record review and interview, one of three direct care staff sampled (D) who occasionally was in the facility alone had no first aid and/or training.

Findings included:

A personnel file review during the inspection revealed that Staff D, hired , had no documentation verifying the completion of First Aid or . Interview with facility administration at 1:10pm on indicated they employed a nurse 24/7 in order to "fill in the gaps in this regard." A review of two (2) LPNs scheduled for the midnight shift, to coincide with Staff D's schedule, found that both Staff F and Staff I's had expired. Interview with administration found no clarification for this oversight.

Class III

**0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC**

Based on interview and record review, one of three direct care staff sampled (B) who assisted residents with their medication self-administration had not received the initial 4 hour training in this area prior to taking on this duty.

Findings included:

Although a review of Staff B's personnel file during the inspection found a 2 hour safe medication practices update from , further review of this record found no document pertaining to the original 4 hour training. A document from was observed, but this certificate did not indicate the number of hours/contact hours that were involved. Interview with facility administration at 2pm on verified that Staff B assisted residents with their medications as one of her duties and produced no clarification regarding this training discrepancy.

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**0086 - Training - ADRD - 58A-5.0191(9) FAC**

Based on record review and interview, one of three direct care staff sampled (C) who had been employed at least 3 months had not yet received the 4 hours of initial training in \_\_\_\_\_'s and Related \_\_\_\_\_ (ADRD).

Findings included:

A personnel file review during the \_\_\_\_\_ survey indicated that Staff C, hired as caregiver \_\_\_\_\_, had no documentation attesting to the fact that she had received the initial training in ADRD. Per facility administration at 11:30am on \_\_\_\_\_, although some staff were assigned to specific wings of the facility (i.e. the memory support hall; assisted living), some staff floated around and were flexible; they were used wherever there was a need. Staff C fit into this group, and therefore needed to take the ADRD training; facility administration had no clarification for this oversight.

Class III

**0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC**

Based on interview and record review, the facility failed to ensure that all regular and therapeutic menus used by the facility were reviewed by a registered dietitian on an annual basis.

Findings included:

A dining and food service review was conducted on \_\_\_\_\_. A request was made to review copies of the facility's current menu cycle. Staff E showed a copy of their menu that was approved by a registered dietitian on \_\_\_\_\_.

Staff E was interviewed at 11:57 AM on \_\_\_\_\_ concerning their current menu which was reviewed over a year ago. Staff E stated that this was the most current menu provided by the corporate office.

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**E206 - ECC - Service Plans - 58A-5.030(7) FAC**

Based on records review and interview, the facility failed to review and update Extended Congregate Care (ECC) Service Plans on a quarterly basis for 3 of 13 ECC residents.

Findings included:

A record review at 12:45pm on [redacted] revealed that Resident #13 received a doctor's order for ECC care on [redacted]. A review of Resident #13's records further revealed the ECC service plans, which are required to be updated quarterly, were updated on a less frequent basis. The original ECC service plan was dated [redacted] and the ECC service plan updates were dated [redacted], [redacted], and [redacted]. The service plan updates were done approximately every 4 months.

A record review at 12:50pm on [redacted] revealed that Resident #16 began receiving ECC services on [redacted]. A review of Resident #16's records further revealed that the ECC service plans were dated [redacted], [redacted], and [redacted]. The service plan updates were done approximately every 4 months, with the latest service plan update ([redacted]) done 5 1/2 months prior to the day the records were reviewed.

A record review at 12:55pm on [redacted] revealed that Resident #18 was receiving ECC services. The initial ECC service plan was dated [redacted] and there was 1 update dated [redacted]. The period of time between the initial service plan and the update was 4 months and the latest service plan update ([redacted]) was done 5 1/2 months prior to the day the records were reviewed.

At 2:00pm on [redacted], the Director of Resident Care/ECC Supervisor, was interviewed regarding the frequency of the ECC service plan reviews and updates. The Director of Resident Care/ECC Supervisor stated that the service plans should be updated on a quarterly basis, every 3 months, and admitted that there may have been an error in the programming device that would notify the facility of how often the ECC service plan updates were due to be completed. The Director of Resident Care/ECC Supervisor stated that the process would be corrected to ensure that the ECC service plans were updated every 3 months, as required.

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