STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105995	A. BUILDING _____ B. WING _____	02/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF NAPLES	7801 AIRPORT PULLING ROAD N NAPLES, FL 34109

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced recertification survey was conducted through at Harborchase of Naples, a skilled nursing facility in Naples, Florida. Harborchase of Naples is not in compliance with Code of Federal Regulations (CFR) 42, Part 483, Requirements for Long-Term Care Facilities. The following is a description of the noncompliance.	F 000		
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Prevention and Control Act of 1976 and other drugs subject to . . . , except when the facility uses single unit package drug distribution systems in which the	F 761		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 761	Continued From page 1 quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to store drugs and biologicals consistent with current accepted professional principles for 1 of 1 medication storage and 1 of 2 medication carts. The findings included: A review of the facility policy "Storage of Medications", dated , indicated "Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from inventory..." On at 10:35 a.m., observation of the facility medication storage 3- 100 count (ct.) bottles of multiple with iron with an expiration date of , 3- 150 ct. bottles of 600 milligrams (mg) with an expiration date of , and 1- 60 ct. bottle of 600 mg with an expiration date of . On at 10:48 a.m., observation of Medication Cart A revealed 1- 60 ct. bottle of 600 mg with an expiration date of . On at 11:05 a.m., Registered Nurse Staff A confirmed the medications were expired and should not be in stock, or on the medication carts.	F 761	F761 SS=E Preparation and or execution of this plan of correction does not constitute admission or agreement by the provider of the truth or facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and or executed solely because it is required by provision of Federal and State law What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practices? No residents were identified as being affected How you will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken? While no residents were directly affected, there was a potential. What measures will be put into place or what systemic changes you will make to insure that the deficient practice does not reoccur? Medications received from pharmacy and non-pharmacological /OTC medications	

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	105995	A. BUILDING _____ B. WING _____	02/15/2018

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F 761	Continued From page 2	F 761	will be monitored by nursing staff for all expiration dates, including the medication . . . . . medication carts. A schedule and log will be kept weekly regarding the monitoring process. Assignment will be added to the nightshift nursing staff responsibility. This process will be reviewed with staff week of . . . 1-7 and will include in servicing on Medication expiration and importance of compliance with expiration dates. All logs will be collected by DON and nursing will be held accountable for any future outdated items. How the corrective action (s) will be monitored to ensure the deficient practice will not recur, i.e. what Quality assurance program will be put into place? The DON will monitor and report results to QAPI committee monthly going forward.	
F 880 SS=F	. . . . Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Control The facility must establish and maintain an . . . . prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable . . . and . . §483.80(a) . . . . prevention and control program. The facility must establish an . . . . prevention and control program (IPCP) that must include, at	F 880		

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F 880	Continued From page 3 a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling and communicable for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable or before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable or should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of ; ( )When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable or skin from direct contact with residents or their food, if direct contact will transmit the ; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.	F 880		

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F 880	Continued From page 4 §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of [illegible]. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to follow appropriate transmission-based precautions for 1 (Resident #206) of 1 resident currently on transmission-based precautions. The findings included: 1. A review of the clinical record for Resident #206 revealed the resident was admitted to the facility with diagnoses including [illegible] ( ) in his [illegible] is a multi-drug resistant organism. A review of the facility's "Categories of Transmission-Based Precautions" policy, revised [illegible], revealed residents with multi-drug resistant organisms should be placed on contact precautions. A review of the facility's "Notices of Transmission-Based Precautions" policy, revised [illegible], revealed "When Transmission-Based	F 880	F880 SS=F Preparation and or execution of this plan of correction does not constitute admission or agreement by the provider of the truth or facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and or executed solely because it is required by provision of Federal and State law What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practices? No residents were identified as being affected How you will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken?	

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F 880	Continued From page 5 Precautions are implemented, an appropriate sign (example: color coded) would be placed at the entrance/doorway of the resident's . . ." On . . . . . at 10:09 a.m., Resident #206's . . observed with no precaution sign visible on the resident's door. Resident #206's spouse was observed in the wearing personal protective equipment (PPE). On . . . . . at 2:42 a.m., Resident #206's . . observed with no precaution sign visible on the resident's door. On . . . . . at 9:32 a.m., Resident #206's . . observed with no precaution sign on the . . . . . . On . . . . . at 9:59 a.m., Registered Nurse (RN) Staff B said staff and visitors should know precautions by the sign on the door. The sign instructed staff/visitors to see nurse prior to entering the . . . . On . . . . . at 2:29 p.m., Resident #206's spouse said no one had told her about precautions. She was in the . . . . . not wearing PPE at the time of the interview. On at 2:38 p.m. RN Staff A said there should be a sign on the door.	F 880	Isolation Sign was immediately placed back on the door for resident #206 and family member educated. There were no other residents on isolation at that time What measures will be put into place or what systemic changes you will make to insure that the deficient practice does not reoccur? Signs will be placed on the resident door with a "Stop and see Nurse" sign directing anyone to check in at the nursing station and to be provided instruction on proper PPE before entering the resident . Educational in services was provided. All residents identified as having a communicable . . . . . and physician's order to be placed on isolation will be monitored by the DON and physician. Door Signs "Stop and See Nurse" will be adhered to the door of the . . every resident placed on isolation a weekly audit will be conducted by the DON/Designee to assure signage placement. In the event of noncompliance this will be addressed via education or disciplinary action as necessary. How the corrective action (s) will be monitored to ensure the deficient practice	

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F 880	Continued From page 6	F 880	will not recur, i.e. what Quality assurance program will be put into place? As part of our QAPI process, the results of the audit tool will be discussed in QAPI meeting monthly for next 3 months.	

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35960921	A. BUILDING: _____ B. WING _____	02/15/2018

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N 000	INITIAL COMMENTS An unannounced relicensure survey was conducted .. .. .. through .. .. .. at Harborchase of Naples, a skilled nursing facility (license #130470984) in Naples, Florida. No state deficiencies were found at the time of the visit.	N 000		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed