

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965157	(X3) DATE SURVEY COMPLETED 10/02/2018
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 relicensure survey with Extended Congregate Care was conducted on and at Harborchase of Coral Springs, License #9503. The facility had deficiencies at the time of the visit.

0052 - Medication - Assistance with Self-Admin - 429.256(3-4); 58A-5.0185 (3)

Based on observation, interview and record review, the facility failed to ensure that all unlicensed staff assist residents with self-administered medications in accordance with proper state regulatory procedures, for 2 out of 11 sampled residents (Resident #9 and Resident #16).

The findings include:

While observing a medication pass between the times of 9:45 AM-11:30 AM with Staff D the following was observed:

Staff D donned gloves, took the medication out of the med cart, took the pill from the medication package after reading the label, put the pill in the medication cup, took it to the resident, explained to the resident what they were getting, signed the Medication Observation Record (MOR), than observed Resident #16 take the medications.

Staff D signed that the medication was given on the MOR prior to observing the Resident #16 take the medications. The same process was followed by Staff D for Resident #9.

During an interview with the Administrator and the Director of Regional Operations on at 2:36 PM regarding the medications running late and the medication process, all findings were discussed and acknowledged. No additional information was provided for review.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965157	(X3) DATE SURVEY COMPLETED 10/02/2018
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, record review, and nterview the facility failed to ensure that all residents received their medications in a timely manner and that all Unlicensed staff that Assist with self-administration medications follow physician orders for 4 of 11 sampled Residents (Resident #6, Resident #7, Resident #9, Resident #17).

The findings included:

While observing medication pass on and between the times of 9:45 AM and 11:30 AM for morning and 12:00 pm and 2:00 PM on for afternoon, the following was observed:

1) Resident #6 received the following 9:00 AM medications at 10:26 AM:

- a) 75mg- Take one tablet by mouth once daily.
- b) 20 mg take one tablet by mouth once daily.
- c) 145 mg- Take one tablet by mouth once daily.
- d) 25 mg- Take one tablet by mouth every 12 hours.
- e) 500 mg- Take one tablet by mouth twice daily.
- f) 20 mg- Take two tablets by mouth every 12 hours.
- g) 1 GM/10ML Sus- Take 10 ml by mouth four times a day.

2) Resident #9 received the following 9:00 AM medications at 11:06 AM:

- a) D3 100 units- Take one tablet by mouth once daily.
- b) Donezepil 10 mg- Take one tablet by mouth once daily.
- c) Centrum Silver- Take one tablet by mouth once daily.
- d) 81 mg- Take one tablet by mouth once daily.

3) Resident #7 received the following 9:00 AM medications at 10:39 AM:

- a) - take one tab by mouth once daily (Mors states to be given at 7:30 AM)
- b) Align-Take one capsule by mouth once daily.
- c) 60 mg- Take one tablet by mouth once daily.
- d) 50 mg- Take one tablet by mouth once daily.
- e) 100 mg- Take one tablet by mouth once daily.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965157	(X3) DATE SURVEY COMPLETED 10/02/2018
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)

- f) 125 mcg- Take one tablet by mouth once daily.
- g) 2.5 mg- Take one tablet by mouth every 12 hours.
- h) 81 mg- Take take one tablet by mouth once daily.

Afternoon Medications for day 2 on :

- 4) Resident #17 received the following 12:00 PM medications at 1:17 PM:
 - a) 7.5 mg- Take one tablet by mouth every 4 hours.
 - b) 5 mg- Take one tablet by mouth twice daily.

During an interview with Staff A through Staff E on and between the times of 11:00 pm and 2:00 pm regarding late medications it was stated that, they run late because there are other things they have to such as take residents to the , answer pull chord calls, make beds, assist with showers and assist with dining. It was stated that if a resident needs help they have to stop giving medicine, assist the resident, then come back and pick up where they left off. It was also stated that sometimes they have to wait to give the medicine until the Nurse have taken , and that she has so many people to see that it can take awhile. It was stated by all staff that they need more help, and that they do the best they can, but medications still run behind.

During an interview with the Administrator and the Director of Regional Operations on at 2:36 PM regarding the medications running late and the medication process, all findings were discussed and acknowledged. No additional information was provided for review.

Class III

0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC

Based on observation and interview, the facility failed to ensure that utensils used to prepared meals at the facility were safe and in good sanitary conditions.

The findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965157	(X3) DATE SURVEY COMPLETED 10/02/2018
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)

During a tour of the kitchen on 10/2/2018, it was observed and noted that the facility had many utensils hung in order to be air dried. There were: one 18 inch sautee pan in ruined that was heavily stained with black material buildup. Also observed were multiple dented 2.5 gallon sauce pot x2, one small and one large rondeos, that were obserd to be dented not only at the base but on the side. In addition, there were 8 dish trays small round that were heavily stained with unknown white marks. In the kitchen next to dish rack and table the items were stored on the floor. There was heavy condensation observed in the walking freezer on the fans above stored foods, which the Health department had cited two months prior.

During an interview with Food Service Manager, On 10/2/2018 at about 1:00 PM, he reported that he was going to discard one the observed dented and stained pan right away. He was observed disposing it in the trash bin right away. He said that he will reorder new pans. He also reported that he has been cleaning the condensation in the freezer. The kitchen manager agreed with the findings and said that he will take care of all of the identified issues.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to obtain an approved comprehensive emergency management plan (CEMP) in a timely basis.

The findings included:

During review of the facility's Comprehensive Emergency Management Plan, it was noted that the last approved plan dated 10/2/2017, 2017 was approved till 10/2/2018. The plan was expired.

During an interview with the Administrator on 10/2/2018, she reported that she submitted the plan late because she was waiting for the fire safety inspector's approval. She also indicated that she had no documentations on hand to prove when her plan was submitted to the County. She acknowledged the findings.

Class III