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
	AL11969316	A. BUILDING: _____ B. WING _____	06/08/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF MANDARIN	12350 SAN JOSE BOULEVARD JACKSONVILLE, FL 32223

(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) COMPLETE DATE
A 000	Initial Comments A complaint investigation (complaint number 2020009680) was conducted in conjunction with a generator monitoring and focused control visit at Harborchase of Mandarin on . Deficient practice was identified at the time of the survey.	A 000		
A 030	59A-36.007(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; . . . . , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close	A 030		

AHCA Form 3020-0001

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

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A 030	Continued From page 1	A 030		

proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.
(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and , ;
6. Administrative and housekeeping schedules and requirements;
7. control, sanitation, and universal precautions; and,
8. The requirements for coordinating the delivery of services to residents by third party providers.
(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.
(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.

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A 030	Continued From page 2 (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . . . . . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from . . . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence,	A 030		

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A 030	Continued From page 3 autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making for health care services, the provision of or arrangement of transportation to health care , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency	A 030		

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A 030	Continued From page 4 relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility	A 030		

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A 030	Continued From page 5 must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and . . . . , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observations, interview with staff and review of employee training records, the facility failed to provide a safe living environment free from the risk of the spread of . . . . for 7 of 23 residents on the memory care unit (Residents 4,6,7,8,9,11, and 30). The findings include: An observation was conducted on the memory care unit from 11:10 am and 11:55 am on .	A 030		

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A 030	Continued From page 6 There were 2 employees and 8 residents seated in an activity in the common area of the unit. Employee A, Life Enrichment staff, approached Resident 11 then asked Employee B, Care Partner, for assistance with repositioning the resident in his wheelchair. Employees A and B, both with latex gloves on each , pulled Resident 11 upright in his seat by holding him under his underarms. Once situated, Employee B smoothed the resident's hair into place and over the top of his . She then "high-fived" his bare . With the same glove in place, Employee B walked over to Resident 6 and took her bare into hers. At this time, Employee A began relocating residents in their wheelchairs from the sitting room to the dining room, pushing their wheelchairs by the push handles. She still wore the same gloves. She then approached Resident 4, adjusted her footrests, and picked up the resident's by the soles of her shoes. She placed both on their respective footrests. Employee A then pushed Resident 7's wheelchair to the dining room, and repeated this with Resident 11. She returned to Resident 6 and pushed her to the dining room. She turned to Resident 8, who was sitting at a table and explained she did not want Resident 6 to get hair in her food during lunch. Using the same gloves, she used her to smooth the resident's hair away from her and over the crown of her . She repeated the stroking movement several times until her hair was smoothed all the way and away from her . Without changing her gloves, Employee A walked to Resident 4, picked up her by the sole of her shoes, and placed each onto the wheelchair footrests. She then pushed her to the	A 030		

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A 030	Continued From page 7 lunch room. Employee A assisted Resident 30 the same way, lifting both of her by the bottom of her shoes. After placing each on a footrest, she pushed Resident 30 to the dining room. Employee A returned to Resident 8, holding her bare left as she spoke with her. She then walked to Resident 9 and reached out for both of the resident's . She took them into her still-gloved , assisted her to stand at her walker and escorted Resident 9 to a table. Without changing her gloves, Employee A entered the kitchen area and assisted with the distribution of drinks to the residents. She opened and placed a straw into Resident 6's cup and fed the resident her beverage and lunch without ever changing gloves. At one point during the meal, Employee A reached up, tugged at her own facemask at the level and readjusted it on her . She resumed feeding without a glove change. Ongoing observation found that after all residents were seated, none were assisted to perform any hygiene prior to being served their lunch. An interview was conducted with the Executive Director (ED) on at 12:40 pm. She stated she and the Director of Resident Care were responsible for oversight of control and appropriate use of personal protective equipment use in the facility. Gloves were provided to all staff and should be changed between any resident contact. Food service gloves were available for assistance with feeding. The ED was told of the observations in the memory care unit. She explained they were constantly reminding staff about proper glove use. She said the observation described did not meet her expectations, and acknowledged the risk of cross contamination. The ED stated she would begin retraining staff immediately.	A 030		

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A 030	Continued From page 8 Class III	A 030		
A 160	59A-36.015(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a [illegible]; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of [illegible]. (c) A log listing the names of all temporary emergency placement and respite care residents	A 160		

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A 160	Continued From page 9 if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C. (j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years.	A 160		

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A 160	Continued From page 10 (m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on a review of facility records and interview with staff, the facility failed to maintain an up-to-date admission and discharge log that provided a specific location or address to which the resident was discharged for 19 residents (Residents 1, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28 and 29) out of a total of 65 residents discharged. The findings include: A review of the facility's admission and discharge log found the following residents were discharged but did not have a specific address or location noted on the log: Resident 1 was admitted on and discharged on . . . . . The reason for discharge said "family" but the discharge destination or address section was left blank.	A 160		

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A 160	Continued From page 11 Resident 12 was admitted and discharged on . . . . . The reason for discharge said "LTC" (long term care) but the discharge destination or address section was left blank. Resident 13 was admitted and discharged . . . . . 18. The reason for discharge noted "staying LTC" but the discharge destination or address section was left blank. Resident 14 was admitted and discharged . . . . . . The reason for discharge said "transferred to another AL (assisted living) but the discharge destination or address section was left blank. Resident 15 was admitted . . . (no year) and discharged . The reason for discharge noted "home with wife" but the discharge destination or address section was left blank. Resident 16 was admitted . . . . and discharged . The reason for discharge was "moved closer to daughter" but the discharge destination or address section was left blank. Resident 17 was admitted . . . . . and discharged . The reason for discharge was "moved in with daughter" but the discharge destination or address section was left blank. Resident 18 was admitted and discharged . The reason for discharge	A 160		

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A 160	Continued From page 12 was "staying in LTC" but the discharge destination or address section was left blank. Resident 19 was admitted and discharged . The reason for discharge was "staying LTC" but the discharge destination or address section was left blank. Resident 20 was admitted and discharged . The reason for discharge was "LTC" but the discharge destination or address section was left blank. Resident 21 was admitted and discharged . The reason for discharge was "LTC" but the discharge destination or address section was left blank. Resident 22 was admitted and discharged . The reason for discharge was "family decision to move" and the discharge destination section only said "other AL". There was no name of the facility or physical address noted. Resident 23 was admitted and discharged . The reason for discharge was "staying LTC at rehab" but the discharge destination or address section was left blank. Resident 24 was admitted and discharged . The reason for discharge was "moved closer to daughter" but the discharge destination or address section was left blank.	A 160		

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A 160	Continued From page 13 Resident 25 was admitted . . . . . and discharged . The reason for discharge was "respite end" but the discharge destination or address section was left blank. Resident 26 was admitted . . . . . and discharged . The reason for discharge was "moved closer to daughter" but the discharge destination or address section was left blank. Resident 27 was admitted . . . . and discharged . The reason for discharge was "higher level" but the discharge destination or address section was left blank. Resident 28 was admitted . . . and discharged . The reason for discharge was "moved to a townhome" but the discharge destination or address section was left blank. Resident 29 was admitted . . . and discharged . The reason for discharge was "higher level of care" but the discharge destination or address section was left blank. Photographic evidence was obtained. An interview was conducted with the Business Office Manager on . . . . . at 12:10 pm. She stated she was responsible for maintaining the admission and discharge log. She was asked if she had the missing discharge addresses and locations for the above 19 residents documented somewhere else. The BOM stated she did not	A 160		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969316	A. BUILDING: _____ B. WING _____	06/08/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 160	Continued From page 14 have this information noted any where else, but that they pretty much "knew in their heads" where most of the residents had been discharged to. She explained for residents marked as "staying LTC", that meant they went out to long term care facilities for rehabilitation and up staying in the LTC facility. She said there were only 3 local nursing homes that the residents would typically be discharged to for long term care. The BOM acknowledged the requirement for documenting a specific discharge address or location for discharged residents. Class	A 160		