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
	AL11964626	A. BUILDING: _____ B. WING _____	11/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF NAPLES	7801 AIRPORT PULLING ROAD N.E. 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) COMPLETE DATE
A 000	Initial Comments An unannounced change of ownership, limited nursing services, focused [illegible] control and emergency power plan monitoring survey was conducted on [illegible] at Harborchase of Naples, an assisted living facility in Naples Florida, The following is a description of the deficiencies.	A 000		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable [illegible]. The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative [illegible] examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of [illegible] testing materials satisfies the annual [illegible] examination requirement. An individual with a positive [illegible] test must submit a health care provider's statement that the individual does not constitute a risk of [illegible]. 2. If any staff member has, or is suspected of having, a communicable [illegible], such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not	A 078		

AHCA Form 3020-0001

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A 078	Continued From page 1 constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure newly hired staff had a written statement on record within 30 days of hire, completed by a health care provider documenting	A 078		

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A 078	Continued From page 2 the individual did not have signs or symptoms of communicable for 1 (Administrator) out of 4 records reviewed. The findings included: Record review for the Administrator hired , found no written statement on record within 30 days of hire completed by a health care provider documenting the individual did not have signs or symptoms of communicable . There was only a skin test dated indicating the Administrator did not have . On at 1:35 p.m., during an interview the business office manager said the Administrator was transferred from another building and most probably the new statement was in the previous building. On at 2:00 p.m., the Administrator acknowledged he was transferred from another building. He acknowledged he did not have a current written statement completed by a health care provider documenting that he did not have signs or symptoms of communicable . Class III	A 078		
A 162	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race,	A 162		

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A 162	Continued From page 3 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance . . , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, ..., or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A ⌄ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ⌄ recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or	A 162		

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A 162	Continued From page 4 administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable.	A 162		

Agency for Health Care Administration

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A 162	Continued From page 5 (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided 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 record review and staff interview, the facility failed to maintain documentation of an interdisciplinary care plan for residents admitted to hospice services for 1 (Resident # 4) of 2	A 162		

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A 162	Continued From page 6 residents sampled for record review. The findings included: On at 1:30 p.m., review of Resident #4's clinical record revealed an AHCA Resident Health Assessment Form (#1823) dated for initial admission to the facility. An updated #1823 signed revealed Nursing/Treatment/ , Service Requirements for care with a hospice provider. Resident #4's file contained no documentation of an interdisciplinary care plan for services being provided by the hospice provider. On at 1:50 p.m., in an interview with the Director of Assisted Living, she said the resident was receiving care services from a hospice provider. She verified and confirmed Resident #4's clinical record contained no documentation of the interdisciplinary care plan, and no documentation notes of the hospice provider visits to the resident. She said she is not sure what services the hospice provider is providing to the resident exactly. On at 2:54 p.m., in an interview with the Executive Director he said when residents of the facility are receiving hospice services, the facility is required to have an interdisciplinary care plan with the services being provided by hospice and the facility. Class III	A 162		
AN277	59A-36.022(2) FAC LNS - Resident Care Standards	AN277		

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AN277	Continued From page 7 (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in rule 59A-36.006, F.A.C. (b) In accordance with rule 59A-36.010, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care provider's order, a copy of which must be maintained in the resident's file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or nurse must coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on record review and resident and staff interview, the facility failed to provide limited nursing services in accordance with the physician's orders and a residency agreement for 1 (Resident #10) of 8 sampled residents receiving limited nursing services.	AN277		

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AN277	Continued From page 8 The findings included: Review of the clinical record for Resident #10 revealed a residency agreement dated which included the assisted living level of care and medication administration description and cost. The document included a monthly fee of $ 1,750.00 for a Base/Level of Care 4 which included: "LNS [Limited Nursing Services] Licensure services like a , pubic [sic] , or being followed by hospice services or requiring a two-person assist with transfers, / , stockings assistance and monitoring by a nurse." Exhibit #1 of the residency agreement signed on by Resident #10's spouse included a $1,750.00 monthly service level fee for level of care 4. The physician's orders dated specified to "Readmit to LNS Services related to management of , pubic [sic] inserted into the through a cut in the wall below the navel." Review of the LNS documentation revealed Resident #10 received intermittent services from an outside Medicare certified home health agency for management of the , . On at 3:50 p.m., during an interview the Regional Director of Health and Wellness said the facility provided LNS services if the home health agency was not able to come in. She said she would assume the resident chose to receive services from an outside agency but she did not have any documentation the resident was offered	AN277		

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AN277	Continued From page 9 and declined LNS services from the assisted living facility. On at 4:00 p.m., during an interview Resident #10 said prior to his admission to hospice services on , Medicare paid for a home health agency to change his . Resident #10 and his spouse said they were not informed the facility could provide the services. On at 4:30 p.m., during an interview the Executive Director verified LNS services are included in a level of care 4. He said since Resident #10 had a they "wanted more expert level of care for him." On at 4:50 p.m., during an interview the Director of Assisted Living said Resident #10 had been receiving services on and off from the home health agency for at least a year. She said the facility was not paying for the services and she would have to contact the home health agency to determine the source of payment for the services they provided. Class III	AN277		
AN278	59A-36.022(3) FAC; 429.07 (3)(c)2, FS LNS - Records 59A-36.022 (3) RECORDS. (a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility. (b) Nursing progress notes must be maintained for each resident who receives limited nursing services.	AN278		

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AN278	Continued From page 10 (c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service. 429.07 (3)(c)2, FS A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services from the facility's staff. The report must describe the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. This Statute or Rule is not met as evidenced by: Based on observation, record review; staff interview and review of the Nurse Practice Act, the facility failed to ensure a qualified licensed nurse completed the monthly assessment for 8 (Resident #1, #12, #13, #15, #10, #18, #17, and #19) of 8 residents receiving limited nursing services (LNS). The findings included: Review of the Nurse Practice Act for Registered Nurses (RN's) Florida Statute 464.003 included: (20) " Practice of professional nursing" means the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of [illegible], biological, physical, and social sciences which shall include, but not be limited to: (a) The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm; and the promotion of wellness, maintenance of health, and prevention of illness of others...(c) The supervision and teaching of other personnel in the theory and performance of any of the acts described in this subsection...(22)	AN278		

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AN278	Continued From page 11 "Registered nurse" means any person licensed in this state to practice professional nursing. Review of the Nurse Practice Act for Licensed Practical Nurse (LPN's): Florida Statute 464.003 included: (19) "Practice of practical nursing "means the performance of selected acts, including the administration of treatments and medications, in the care of the ill, injured, or infirm and the promotion of wellness, maintenance of health, and prevention of illness of others under the direction of a registered nurse, a licensed physician, a licensed , physician, a licensed podiatric physician, or a licensed dentist. A practical nurse is responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing...(16) "Licensed practical nurse" means any person licensed in this state to practice practical nursing. A review of the Limited Nursing Services (LNS) log on revealed Residents #1, #12, #13, #15, #17, #10, #18, and #19 were receiving Limited Nursing Services. Review of the monthly LNS assessment forms from through revealed Licensed Practical Nurse (LPN) Staff A signed the forms each month indicating she was the nurse who completed the assessment. On at 2:40 p.m., during an interview LPN Staff A acknowledged she signed the monthly assessment forms for residents receiving LNS services. She said the Corporate Nurse is the one with the credentials to complete the assessments. She said once the form is filled by the LPN the Corporate Nurse who is a Registered Nurse (RN) cosigns it but does not assess the	AN278		

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AN278	Continued From page 12 residents. LPN Staff A said since the start of the COVID-19 pandemic the corporate nurse had not been able to come and sign the forms. On at 3:05 p.m., during an interview the RN Corporate Nurse verified she was responsible to conduct the monthly assessments for residents receiving LNS services. She said she relies on LPN Staff A to communicate any change of condition to her and they "talk it out". The Corporate Nurse added she was aware a Registered Nurse had to come in and do the monthly assessments and she will "remedy that". Class III	AN278		

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CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to enter initial employment status in facility roster for 1 (Staff G) of 6 sampled staff. The findings included: Registered Nurse (RN) Staff G had a date of hire of [illegible]. RN Staff G was not listed as an	CZ814		

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

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
	AL11964626	A. BUILDING: _____ B. WING _____	11/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF NAPLES	7801 AIRPORT PULLING ROAD N.E. 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) COMPLETE DATE
CZ814	Continued From page 1 employee of the facility in the facility roster. On [redacted] at 3:05 p.m., RN Staff G said she was the Regional Director of Health and Wellness. She said she was the nurse overseeing the Limited Nursing Services for the facility. She said she did not realize she had to be entered on the facility roster. Unclassified	CZ814		