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
	AL11969452	A. BUILDING: _____ B. WING _____	R 07/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF DR PHILLIPS	7233 DELLA DRIVE ORLANDO, FL 32819

(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 revisit to a complaint investigation (2026007076) was conducted at Harborchase of Dr. Phillips on . Deficiencies were identified at the time of the survey.	{A 000}		
{A 025} SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule	{A 025}		

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{A 025}	Continued From page 1 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on observation, interview, and record review, the facility failed to give medications as prescribed by a health care provider for 2 of 8 sampled residents (#10, #11). Findings: Resident #10's physician's orders signed on revealed orders for 325 milligram tablet, take one tablet by with breakfast and extended-release 20 milliequivalent tablets, take two tablets by once daily. Do not crush or	{A 025}		

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{A 025}	Continued From page 2 chew. (Doing this may cause too much , to be released at once, irritating the and . Tablets are designed to release , slowly over time. https://www.drugs.com/tips/, - -patient-tips). Review of the , medication observation record revealed the directions for use included the special instructions. The orders allowed for the Resident's medications to be crushed, however, there was no documentation to show the facility contacted a health care provider to clarify whether that included the , . On at 9:47 AM, unlicensed caregiver E was observed giving medications to Resident #10. Unlicensed caregiver E crushed the and the , , mixed them in pudding, then fed the mixture to the Resident. Unlicensed caregiver E said the Resident ate breakfast prior to her giving the medication. A medication list, signed by a health care provider on showed , 10 mg capsules to be taken 3 times daily before meals. On at 10:13 AM Unlicensed caregiver B gave resident #11 one , 10 MG capsule. Unlicensed caregiver B said the resident had already eaten breakfast. Class III	{A 025}		
{A 052} SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256	{A 052}		

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{A 052}	Continued From page 3 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of	{A 052}		

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{A 052}	Continued From page 4 medication does not include: (a) Mixing, , ␣, converting, or ␣ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a ␣ of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or ␣ preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance	{A 052}		

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{A 052}	Continued From page 5 with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record,	{A 052}		

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{A 052}	Continued From page 6 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on observation, interview, and record review, the facility failed to ensure the unlicensed staff (B, E) who assisted 4 of 4 sampled residents (#9, #10, #11, #13) with medications followed the correct procedures. Findings: On at 9:30 AM, unlicensed caregiver E was observed giving medications to Resident #9. On at 9:47 AM, unlicensed caregiver E was observed giving medications to Resident #10. Unlicensed caregiver E did not orally advise the	{A 052}		

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{A 052}	Continued From page 7 Residents of the name and dosage of each medication. On at 2 PM, unlicensed caregiver E confirmed the findings and said she advised only those Residents who could speak to her. On at 10:13 AM Unlicensed Caregiver E opened and removed medication from its container for Resident #11. The caregiver did not orally advise the residents of the name and dosage of each medication. 2:00 PM Unlicensed Caregiver E said she did not tell them because they are residents that don't talk . On at 11:52 AM Unlicensed Caregiver B gave Resident #13 medications. The caregiver did not orally advise the residents of the name and dosage of each medication. On at 2:04 PM Unlicensed Caregiver B said that she messed up by not telling her the medications. Review of all the residents' records revealed none had a waiver exempting the unlicensed caregivers from orally advising the residents of the name and dose of the medications. Class III	{A 052}		
{A 056} SS=D	59A-36.008(7) FAC Medication - Labeling and Orders	{A 056}		

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{A 056}	Continued From page 8 (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by	{A 056}		

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{A 056}	Continued From page 9	{A 056}		

the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable.
(f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following:
1. Practitioner's name,
2. Resident's name,
3. Date dispensed,
4. Name and strength of the drug,
5. Directions for use; and,
6. Expiration date.
(h) Pursuant to Section 465.0276(2)(c), F.S.,

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{A 056}	Continued From page 10 before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on observation, interview, and record review, the facility failed to make every reasonable effort to ensure that medications were refilled in a timely manner for 2 of 8 sampled residents (#4, #10), failed to contact the health care provider and request revised instructions for "as needed" medications for 4 of 8 sampled residents (#1, #4, #11, #12), and stored a prescription drug for assistance with self-administration of medications that did not have a pharmacy label for 1 of 4 sampled residents (#5). Findings: Review of Resident #4's record revealed a medical history of lower , . Review of Resident #4's , medication observation record (MOR) revealed lubiprostone was unavailable on and . Review of a pharmacy reorder history revealed a refill was requested on , only one day prior to the medication running out. A progress note, dated , revealed the facility requested a new prescription, which was received from the doctor on that day.	{A 056}		

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{A 056}	Continued From page 11 On at 3:20 PM, the Director of Resident Care could not provide additional documentation. Resident 4's physician's orders, signed on , revealed the "as needed" cream and , did not have the circumstances under which it would be appropriate for the Resident to request them. There was no documentation to show the facility contacted the health care provider and requested revised instructions. Review of Resident #10's , MOR revealed was unavailable on and . There was no documentation to show the facility made efforts to obtain a refill before it ran out. On at 3:20 PM, the Director of Resident Care confirmed the findings. Review of Resident #1's medication orders effective revealed the "as needed" , and did not have the circumstances under which it would be appropriate for the Resident to request them. There was no documentation to show the facility contacted the health care provider and requested revised instructions. Review of Resident #12's physician's orders, signed on , revealed the "as needed" did not have the circumstances under which it would be appropriate for the Resident to request it. There was no documentation to show the facility contacted the health care provider and requested revised instructions. On at 4:30 PM, the findings regarding all the "as needed" medications were discussed with	{A 056}		

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{A 056}	Continued From page 12 the Director of Resident Care, who at 5:15 PM said there was no additional documentation. On at 11:56 AM a and a , bottle in the medication cart that did not have a pharmacy label were observed for Resident # 5. Unlicensed caregiver B confirmed the findings and said a list of the resident's medications was used in place of the medication labels. A review of a medication list signed by a healthcare provider on for Resident # 11 revealed orders for and milligrams (mg) 1 tablet by every 6 hours as needed, 50 microgram (mcg) spray 1 spray in each nostril once daily as needed, 12.5 mg tabs 1 tablet by three times daily as needed and 4 mg tabs 1 tablet by every 8 hours as needed. None of the medications documented the circumstances under which it would be appropriate for the resident to request the medication. There was no documentation to show the facility contacted the health care provider and requested revised instructions. On at 3:20 PM, the findings were discussed with the Director of Resident Care who was unable to provide additional documentation. Class III	{A 056}		

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{A 084} SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label;	{A 084}		

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(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 084}	Continued From page 14 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , , , and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of bags, excluding the removal of the or	{A 084}		

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	AL11969452	A. BUILDING: _____ B. WING _____	R 07/29/2026

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{A 084}	Continued From page 15 manipulation of the site; and, n. Measurement of , , rate, temperature, and , , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on observation, interview, and record	{A 084}		

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{A 084}	Continued From page 16 review, the facility failed to ensure that 1 of 4 sampled unlicensed caregivers (E) who assisted 2 of 2 sampled residents (#10, #11) with self-administration of medications completed a minimum of 6 hours of in person training before providing assistance and failed to ensure 1 of 4 sampled unlicensed caregivers (F) who assisted 2 of 2 sampled residents (#4, #13) with self-administration of medications obtained, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. Findings: On at 9:47 AM, unlicensed caregiver E was seen giving medications to Resident #10. On at 10:13 AM, unlicensed caregiver E was seen giving medications to Resident #11. Review of unlicensed caregiver E's 6-hour medication training, dated , revealed it was obtained from an online program and not in person as required. On at 1:59 PM, unlicensed caregiver E said the training was obtained online. Review of Residents #4 and # , medication observation record revealed unlicensed caregiver F gave them medications on , , , and . Review of unlicensed caregiver F's 6-hour medication training revealed it was obtained on . There was no documentation to show the caregiver obtained a minimum of 2 hours of continuing education training annually thereafter.	{A 084}		

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{A 084}	Continued From page 17 On at 4 PM, the Business Office Manager said unlicensed caregiver F did not obtain the 2-hour training. Class III	{A 084}		
A 078 SS=D	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 . 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 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 testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , 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 constitute a risk of transmitting a communicable	A 078		

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A 078	Continued From page 18 (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 observation, interview, and record review, the facility failed to ensure staff were qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience by allowing	A 078		

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A 078	Continued From page 19 unlicensed caregivers (B, E) to administer medications to 4 of 4 sampled residents (#9, #10, #11, #13). Findings: On at 9:30 AM, unlicensed caregiver E was observed giving medications to Resident #9. On at 9:47 AM, unlicensed caregiver E was observed giving medications to Resident #10. Both times Unlicensed caregiver E crushed the medications, mixed them in pudding, then fed the mixture to the Resident. On at 1:59 PM, unlicensed caregiver E said she was not told during her training that she could not administer medications. Observations during a medication pass on at 11:52 AM revealed unlicensed caregiver B crushed the medication, mixed it in chocolate pudding, then fed it to resident #13. Observations during a medication pass on at 10:13 AM revealed unlicensed caregiver B put medications on a spoon and fed it to Resident #11. Unlicensed caregiver B then held a cup of water with mixed in, to the resident's , that the resident drank. On at 2:04 PM Unlicensed caregiver B confirmed she administered medication to the resident. Unlicensed caregiver B then said she was previously told she is supposed to have the nurse administer the medication if the resident	A 078		

Agency for Health Care Administration

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A 078	Continued From page 20 can't do it themselves. Class III	A 078		