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 _____	

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 A Compliant Survey, CCR# 2013005447 was conducted at Harborchase of Naples, an Assisted Living Facility (ALF), from ... through Deficient practice was identified at the time of the survey.	A 000		
A 030	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (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 Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for 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 address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of	A 030		

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A 030	Continued From page 1	A 030		

the Florida Hotline " 1(800)96 or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.
(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall 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 shall not prohibit 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 shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the

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A 030	Continued From page 2	A 030		

resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be 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 [illegible] 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 achieve the highest possible level of independence, 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

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A 030	Continued From page 3	A 030		

attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a [illegible] 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) Access to adequate and appropriate health care 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 [illegible], the guardian shall be given at least 45 days' notice of a nonemergency 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 [illegible], interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right

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A 030	Continued From page 4	A 030		

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.

This Statute or Rule is not met as evidenced by:
Based on observation, interview and record review, the facility failed ensure a safe living environment for 22 (Residents #2, #3,#5, #6, #7, #10 #11, #12, #13, #14, #15, #16, #17, #19 #18, #21, #22, #23, #24, #25, #26 and #27) of 22 residents in the facility using side rails by not immediately assessing the safety and medical necessity of the side rails following a critical incident where a resident was found [redacted] and entrapped between a side rail and a mattress. The facility failed to ensure physical [redacted] were limited to half-side rails for 2 (Residents #10 and #14) of 22 residents in the facility with side rails. The facility also failed to ensure 9 (Residents #3, #5, #6, #14, #16, #17, #18, #24 and #25) of 22 residents with bed rails had orders prior to bed rails being installed on the bed. Photograph obtained.

The findings include:

1. On [redacted] at approximately 10:50 a.m., a tour of the facility was conducted. During the tour, Residents #10 and #14 were observed to have two full-side rails attached to their respective beds. Residents #2, #5, #6, #7, #11, #12, #13, #15, #16, #17 #18, #21, #22 #24, #26 and #27 were observed to have two half-side rails attached to their beds. Resident #3 was observed to have an altered walker with one half of the walker under the mattress with the opposite

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A 030	Continued From page 5	A 030		

side of the walker utilized as a half-side rail. Residents #23, #25 and #19 were observed to have one half-side rail. On at approximately 6:44 p.m., Resident #10 was observed in bed with two full-side rails in the up position.

2. A review of Resident #1's record revealed an on Resident #1 was, "Found sitting on the floor with her chin caught in the end of the side rail by Care Manager #1."

3. On at 7:08 p.m., Care Manager #1 was interviewed. Care Manger #1 stated on she found Resident #1's neck trapped between the side rail and the mattress of the bed.

4. On at 8:53 p.m., an interview was conducted with the Maintenance Director. The Maintenance director stated he was asked on (three days after the critical incident) to check all of the residents for side rails and to tighten or remove rails from resident beds.

5. On at approximately 8:00 a.m., a representative from the Medical Examiner's office confirmed Resident #1's cause of was Mechanical asphyxiation secondary to The representative from the Medical Examiner's office confirmed the mechanical asphyxiation was cause from Resident #1's head being wedged between the side- rail and the bed.

6. A review of the facility's investigation timeline revealed on and the facility's investigation consisted on interviewing staff. A review of a dated on revealed the facility conducted a review of all the resident with bed rails on (three days after

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the critical incident) a check of all side rails in the facility.

7. A review of the facility's Half Side Rail . . . Policy Dated revealed; "In accordance to Florida statute 58A-5.0182(6)(h), F.A.C. the use of physical . . . is limited to half-bed rails, and only used when there is a written order from the resident's physician. Who shall review the order bi-annually, and have a written consent from the resident and/or the resident's responsible party."

A review of half-side rails orders revealed Residents #3, #5, #6, #14, #16, #17, #18, #24 and #25 had a request from the facility to a physician for half-side rails orders dated on . . . Further review of the half-side rail orders revealed an ARNP signed and dated said orders on . . .

8. On . . . at 1:09 p.m., Resident #14 was interviewed. She confirmed she does not like it when the facility puts both of her full-side rails up on her bed, because she cannot get out of bed.

9. On . . . at approximately 6:45 p.m., Resident #10 was interviewed. Resident #10 confirmed she cannot get out of her bed when her full-side rails are in the upright position.

10. On . . . at approximately 11:00 a.m., an interview with the Administrator confirmed Residents #3, #5, #6, #14, #16, #17, #18, #24 and #25 did not have orders for half-side rails prior to the surveyor's request to review all side rail orders and the orders were requested on

Class II

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AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Harborchase Of Naples
7801 Airport Pulling Road N.E.
Naples, FL 34109

Re: CCR #2013005447

Dear Administrator:

This letter reports the findings of a Complaint survey that was completed on , 2013 by a representative of this office.

The investigation completed on resulted in findings of noncompliance with the following area:

A 0030 Resident Rights-Class II
Your Assisted Living Facility failed to immediately asses the safety and necessity of side rails for all residents with side rails following a where a resident was found with his/her neck entrapped between a side rail and a mattress. Your facility failed to ensure physical were limited to half-side rails pursuant to 429.41, F.S. Your facility also failed to ensure all resident with bed rails had a written order form the resident physician pursuant to Section 429.41, F.S.

Due to this Class II citation, the Agency for Health Care Administration is imposing a directed plan of correction (DPOC).

You are directed to perform the following:

1. Provide documentation to show all half-side rails remaining in the facility have been assessed for safety and necessity.
2. Provide documentation to show all residents with half-side rails have current orders from the resident's physician and ensure the orders are reviewed by the resident's physician on a bi-annual basis.
3. Remove all full-side rails from the facility
4. Assess residents who have/had or require full-side rails for appropriateness for continued residency.

Nothing in this DPOC limits the Agencies authority and responsibility to impose administrative sanctions as provided by law.

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

sh
Enclosure: State Form

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AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Maria Hoza, Executive Director
Harbor Chase of Naples Assisted Living Facility
7801 Airport Pulling Rd. N.
Naples, FL 34109

Dear . ... Hoza:

The investigation completed on . ... resulted in findings of noncompliance with the following area:

A 0030 Resident Rights-Class II
Your Assisted Living Facility failed to immediately asses the safety andnecessity of side rails for all residents with side rails following a ..... where a resident was found with his/her neck entrapped between a side rail and a mattress. Your facility failed to ensure physical .... were limited to half-side rails pursuant to 429.41, F.S. Your facility also failed to ensure all resident with bed rails had a written order form the resident physician pursuant to Section 429.41, F.S.

Due to this Class II citation, the Agency for Health Care Administration is imposing a directed plan of correction (DPOC). Harbor Chase of Naples agrees and accepts this DPOC. If Harbor Chase of Naples fails to comply with the DPOC and/or achieve substantial compliance, the Agency for Health Care Administration may take administrative action including termination of its Assisted Living Facility license.

You are directed to perform the following:

1. Provide documentation to show all half-side rails remaining in the facility have been assessed for safety and necessity.
2. Provide documentation to show all residents with half-side rails have current orders from the resident's physician and ensure the orders are reviewed by the resident's physician on a bi-annual basis.
3. Remove all full-side rails from the facility
4. Assess residents who have/had or require full-side rails for appropriateness for continued residency.

Nothing in this DPOC limits the Agencies authority and responsibility to impose administrative sanctions as provided by law.

Thank you for the assistance provided to the surveyor. If you have questions, please contact this office at (239) 335-1315.

Sincerely,

Harold Williams
Field Office Manager

Accepted by: _____

Printed Name: LeeAnn Pica Title: DON

Date: 6/6/13

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