STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965346	11/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harborchase Of Jacksonville	3455 San Pablo Road Jacksonville, FL 32224	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced complaint survey was conducted at Harborchase Assisted Living in Jacksonville, Florida on 013. Licensure deficiencies were identified as a result of the survey.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, record review and staff interview, the facility failed to ensure that adequate personal supervision and general awareness of a resident's whereabouts was provided on the memory care unit for one of 4 sampled residents. (Resident #1)

The findings include:

A review of the facility ' s incident reports revealed that Resident #1 and Resident #2 had been involved in two incidents, involving arguing and alleged physical altercations. A report conducted on indicated that Resident #1 accused Resident #2 of hitting her. According to the report, Residents #1 and #2 were observed arguing by staff members.

The incident report dated for noted that Resident #2 was combative with staff and was sent out for evaluation. An interview with the Memory Care Director on at approximately 12:14 PM revealed that Resident #2 was sent out for evaluation and to have medications adjusted.

A review of Resident #1's record and an incident report dated revealed that the resident had injuries of unknown origin found by the facility. A subsequent family meeting was held on The residents were separated from being due to agitation between Residents #1 and #2, however the resident were observed to be located right next to each other.

An interview with Employee #6 was conducted on 11 at approximately 12:04 PM. The employee stated that she had observed multiple arguments between Resident #1 and Resident #2 and expressed that Resident #1's was a result of altercations with Resident #2.

An observation of Resident #1 on the Memory Care Unit was made on at 10:05 AM during a tour. The resident was observed by the surveyor and Executive Director emerging from a male peer's on the other side of the unit. At 10:15 AM the resident was observed entering Resident #2's next door to her own Upon entering the , Resident #1 had to be redirected to her the Executive Director. Resident #2 was visiting with her son, who yelled to have Resident #1 leave the Resident #1 was observed smiling stating that she needed "...to get to the bridge". "

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Harborchase of Jacksonville
3455 San Pablo Road
Jacksonville, FL 32224

Re: CCR #2013012363

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) 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 **2014** 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

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

CB/KW/sm
Enclosure

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