



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Harborchase of Villages Crossing
13517 NE 86th Court
Lady Lake, FL 32159

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on
2016 by a representative of this office.

Enclosed 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968586	(X3) DATE SURVEY COMPLETED 03/10/2016
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF VILLAGES CROSSING	STREET ADDRESS, CITY, STATE, ZIP CODE 13517 NE 86TH CT LADY LAKE, FL 32159	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 Initial Comments

On , an unannounced Extended Congregate Care (ECC) monitoring survey was conducted at Harbor Chase of Villages Crossing, an assisted living facility in Lady Lake, FL. Deficiencies were identified as a result of this survey. The facility is not in compliance at this time.

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the facility failed to properly assist 1 of 5 residents (Resident #4) with the self administration of medication by administering a duplicate dose of medication.

Findings:

On at 10:45 AM, during the morning medication pass, it was observed that the Medication Technician (MT), removed the resident's medication cards from the medication cart. The MT placed the cards into a tote and proceeded to Resident #4's . Resident #4 was administered a dose of 150 MCG by mouth during this medication pass.

During medication reconciliation on at 11:00 AM, a review of the medication observation record (MOR) revealed that the medication 150 MCG was given at 6:00 AM on .

A review of the physicians order and the MOR revealed that the medication 150 MCG was to be given once a day at 6:30 AM.

During an interview on at 11:15 AM with the MT, she confirmed that the resident was only to have the medication administered once a day. She confirmed, administering the medication during her morning medication pass that began at 10:30 AM, was an error on her part. The resident had received the required dose of as ordered on at 6:00 AM.

Class III