STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964626	06/20/2016
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF NAPLES**	STREET ADDRESS, CITY, STATE, ZIP CODE **7801 AIRPORT PULLING ROAD N.E.** **NAPLES, FL 34109**	

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

0000 Initial Comments

An unannounced complaint survey for CCR #2016003567 and CC# #2016005344 was conducted on [redacted] at Harborchase of Naples, an Assisted Living Facility (license #9172) in Naples, Florida.

The complaints contained 4 allegations, of which 1 was substantiated without deficiency and 2 allegations were substantiated with deficiencies.

The following is description of the deficiencies:

0025 Resident Care - Supervision

Based on observation, record review, and staff and resident interview, the facility failed to provide care and services appropriate to the needs of all residents.

The findings included:

1. On [redacted] at 11:26 a.m., 3 residents were observed sitting near the dining [redacted] wheelchairs waiting to be wheeled into the dining [redacted]. They were observed waiting from 11:26 a.m. to 11:45 a.m., even though one of the residents was observed pressing her call light at 11:26 a.m.

2. On [redacted], at the exit conference, the Director of Assisted Living said, "We will have to work on that."

3. On [redacted] at 10:10 a.m., Resident #7, stated, "It's a busy place. It depends who's doing the serving. Sometimes you get it quickly and sometimes we wait forever. There was only two staff last night. It was awful."

4. In a review of the shower book, it was observed that multiple assigned showers had no staff initials nor a note stating whether the residents had received their shower that day.

5. On [redacted] at 11:15 a.m., the Director of Assisted Living stated, "I will admit, there is a problem. I am starting a new process the first of next month."

Class III

0167 Resident Contracts

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Based on observation, record review and interview, the facility failed to provide services as outlined in the contract for 4 (Residents #1, #2, #3, and #4) of 4 residents reviewed.

The findings included:

Record review of the facility's rates and additional services rate sheet includes daily bed making in all base rate services. Level of care 2 and above includes personal assistance with bathing up to three times per week, personal assistance with [redacted] one time per day and personal assistance with dressing one time per day.

During a tour of the facility on [redacted] at 9:51 a.m., it was observed [redacted] had an unmade bed and dirty/wet towels in the [redacted] was also observed to have an unmade bed, a [redacted] soaked brief tossed on the couch with night clothes and bra. [redacted] was observed to have an unmade bed, a pair of underwear and wet towels in the [redacted] A recheck of the 3 [redacted] at approximately 12:15 p.m. found the [redacted] in the same condition.

On [redacted] at 11:15 a.m., the Director of Nursing (DON) provided the shower/bathing log for a week in [redacted], a week in [redacted] and a week in [redacted] and explained aides are supposed to sign off on the date when shower/bathing is complete. Multiple blank spaces were noted.

Record Review of Resident 1's chart showed Resident #1 pays each month for Level of Care 2. The week in [redacted] has Resident #1 listed on 3 separate days. The slot to sign that it was completed was blank on all 3. Another log provided for 1 week in [redacted] had the resident listed for a shower 3 times and was signed off as complete on 1, the other 2 were blank. A weeks log provided for [redacted], lists the resident scheduled for a shower twice that week, and was signed off for one shower, the other was blank.

Record review of Resident 2's chart showed Resident #2 pays extra each month for services. A review of the 3 weekly shower/bathing logs provided by the DON showed the resident on the schedule for 2 showers/baths each week. All slots were blank, except one which states "out."

On [redacted] at 12:11 Resident 1 said she is supposed to get help with showers & getting dressed but it doesn't always happen, especially getting dressed in the morning and she had to dressed by herself that morning and took a shower all by myself the day before and she is not supposed to. She said she asked for help but the person told her, "not today its Father's day and we had a lot of people call in. There are not enough girls on the floor."

On [redacted] at 9:14 a.m., Resident 1's daughter said they contracted for Level II service and pay $950.

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Over the base rate for assistance with bathing 3 times a week, 1 time a day and dressing 1 time a day and said her mother has resorted to showering and dressing herself because she can't get help. Resident 1's daughter said she arrived the day before to find her mother sitting naked on the bed as she had showered herself and was tired. She said her mother needs assistance to get dressed, especially with socks and shoes. Resident 1's daughter said this happens frequently.

On / / at 2:30 p.m., the DON said she didn't feel that many showers could have been missed, that maybe staff is forgetting to document and she will look into it.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016005344 & 2016003567

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representatives 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. **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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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