STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964626	**09/06/2018**
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 limited nursing services monitoring survey was conducted on . . . . at HarborChase of Naples, an assisted living facility (license # 9172) in Naples, Florida.

The following is description of the deficiency.

N278 - LNS - Records - 58A-5.031(3) FAC

Based on record review and interview the facility failed to conduct a monthly assessment on 2 (Resident #2 and #3) of 3 resident's records reviewed on limited nursing services (LNS). The facility also failed to document services, coordination of interdisciplinary collaboration and resident general condition for 1 (Resident #3) of 3 residents reviewed on LNS services.

The findings included:

1. During Resident # 2's record review on . . . , it was noted that she had no . . . , 2018 monthly nursing assessment done.

2. During Resident # 3's record review, it was noted that the resident was admitted to limited nursing services (LNS) and hospice on . . . . but no assessment was done of the resident's condition or current services needed by the resident.

Review of Resident #3's progress notes revealed that the resident was admitted to limited nursing services (LNS) and hospice on . . . . The record did not indicate why the resident was put on LNS services or hospice or that the family was notified or participated in the decision to go on Hospice or LNS. The progress notes did not follow the guidelines in the facility policy on what was to be documented, but just repeated daily that she was on hospice services.

The facility's LNS service policy indicates that:

a. Limited nursing services will be developed and reviewed with input from the resident and his or her responsible party, an interdisciplinary team of persons involved with the resident.

b. A nursing assessment will be completed monthly for each LNS resident using the monthly assessment form.

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c. Nursing staff will document a written LNS progress note for each limited nursing service provided. Each entry shall occur at the same frequency of the service and describe the following information:

1. Type of Service
2. Duration of Service
3. Frequency of Service
4. Scope of Service
5. Outcome of Service
6. General Status of Resident's Health

3. On [redacted] at 1:05 p.m., while speaking with the Director of Assisted Living in phone interview, she agreed that a monthly assessment should have been done for both Resident #2 and #3. She also said that before a resident is put on hospice or LNS service that it is discussed with family and physician. She agreed that nurses documenting in the progress notes should address care given and general status of the resident's health and services rendered.

Class III