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
	AL11966913	A. BUILDING: _______ B. WING _______	11/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY FAMILY HOME CORP	9245 SW 208 TERRACE CUTLER BAY, FL 33189

(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 Complaint 2021014185 survey was conducted at Harmony Family Home Care on . The facility had deficiencies at the time of the visit.	A 000		
A 027 SS=D	59A-36.007(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must: (a) Assist residents in making and remind residents about scheduled for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation. (c) The facility may not require residents to receive services from a health care provider. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to arrange for health care for one out of six residents (Resident #1). Resident in the facility and expressed after one broken bone was identified. The facility took about 5 hours to return the resident to the hospital. Findings as follow: Review of Resident #1's record review showed: Resident's assessment date showed a Diagnosis of High , Artherosclerotic , Gait disturbance,	A 027		

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A 027	Continued From page 1 . . . . . Special precautions: precautions Resident needed supervision eating. He needed assistance with ambulation, bathing, , self-care, toileting, transferring. The resident was under risk and he was prescribed the bed rails use on . Progress notes review showed on at about 8:15 pm Staff B entered Resident #1's room to check on his roommate when saw the resident (#1) on the floor , alert and with , . Staff informed that minutes before seeing resident on the floor she had left resident in bed to sleep after taking him to the bathroom, with diapers on and bed rails up. She said apparently the resident stood up from bed and , his walker was at his bedside. Staff called the Rescue who transported him to the hospital. On at 2:00 AM resident was discharged from the hospital diagnosed with a . The resident arrived to the facility early in the morning (6:00 am) with , 500 mg and 5% patch prescribed. The resident complained about , . A review of a facility incident report showed that on At 1:30 PM the resident's son arrived at the facility to see him. According to the facility's report, the son said resident had too much , in his right , and it was almost impossible to change the adult brief. A review of facility records showed no documentation of actions the facility took between this report and 7:00 pm when Resident #1 was transported to the hospital where he was diagnosed with a , . On resident had a , surgery. On resident was transferred to a rehabilitation center. On 11/ 24/2021 at 11.00 AM the Owner stated the	A 027		

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A 027	Continued From page 2 facility had followed all the necessary steps after Resident #1 by sending Resident #1 to the hospital and resending him there because the resident was complaining of , because the hospital discharged him without noticing resident had a , . The Owner stated that they waited several hours to return the resident to the hospital because they are nurses and found that the resident was not expressing severe , . Class III	A 027		
A 033 SS=D	59A-36.007(8) PHYSICAL . (8) PHYSICAL . Residents for whom a physician has prescribed a physical must have a written care plan for the use of the physical . The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident. (a) The care plan must specify: 1. The device prescribed for use; 2. The maximum amount of time the resident is to have the applied each day; and, 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . (b) Facility staff must ensure that the device is applied appropriately and safely. (c) The resident's physician must review the appropriateness of the continued use of the physical annually, and documentation of this review must be maintained in the resident's record. If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical and all	A 033		

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A 033	Continued From page 3 requirements of this subsection apply. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to have a written care plan for the use of physical for one out of one resident who was prescribed the use of bed rails (Resident #5). Findings as follow: On at 8.00 AM Resident #5 was observed in bed with half bed rails in upright position. Review of Resident #5's record showed he was prescribed the use of half bed rails on . Further review showed the facility did not have a Plan of Care for the use of bed rails for Resident #5. On at 12.00 noon the Owner stated he would request the bed rails plan of care from Resident #5's primary health physician. Class III	A 033		