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
	AL11911084	A. BUILDING: _____ B. WING _____	R 10/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HARMONY HOUSE OF OCALA	5762 S.W. 60TH AVENUE OCALA, FL 34474

(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 An unannounced revisit to a complaint investigation (complaint numbers 2022004148 and 2022006669) was conducted at Harmony House of Ocala on [redacted]. Deficiencies were not corrected at the time of the survey.	{A 000}		
{A 026}	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of	{A 026}		

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
	AL11911084	A. BUILDING: _____ B. WING _____	R 10/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HARMONY HOUSE OF OCALA	5762 S.W. 60TH AVENUE OCALA, FL 34474

(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 026}	Continued From page 1 scheduled activities. An activities calendar must be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to provide an ongoing activities program. Findings include: During an observation on at 10:20 AM residents were observed sitting on the couch in the front lobby while the television was playing a movie. None of the residents in the lobby were watching the television. One resident was sleeping in her wheelchair and another resident was observed pacing and forth in front of the television. Two additional residents were observed laying on the couch. The activities' room was observed with one staff and three residents seated in wheelchairs around a table that had blank coloring pictures, paint, and color pencils. Two of the three residents in the activities room were observed with their ... slumped over sleeping. A review of the facilities activities calendar for ... reads for ...: 9:00 AM chair exercise, 10:00 AM Arts & Crafts, 11:00 AM One on One, 1:00 PM Pretty Nails and 2:00 PM Popsicles. During an interview on at 10:25 AM Staff A, Resident Care Associate (RCA) stated that there is no activities director. She fills in the	{A 026}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911084	A. BUILDING: _____ B. WING _____	R 10/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HARMONY HOUSE OF OCALA	5762 S.W. 60TH AVENUE OCALA, FL 34474

(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 026}	Continued From page 2 morning and afternoon and she only does about an hour a day. During an interview on at 10:34 AM Resident #1 stated he has been at the facility for maybe year and a half and they [facility] don't have activities. He stated they [staff] come get me to watch tv. During an interview on at 10:37 AM Resident #2 stated, "We use to have activities but there is nothing going on these days". During an interview on at 10:47 AM Resident #3 stated, "I lay in bed most of the time, there is nothing for me to do". During an interview on at 10:52 AM Staff B, RCA, stated she has been working at the facility for two weeks. She stated on Tuesday she worked as an RCA, but she only worked maybe an hour in activities. She stated she doesn't do it every day. During an interview on .. .. at 11:28 AM Staff A, RCA stated regarding the one-on-one activity scheduled for 11:00 AM, "I'm going to be honest, no residents receive one-on-one activity, we have been busy doing other stuff". During an interview on ..... at 12:30 PM the Administrator stated, "I still have not been able to hire an Activity Director." Review of the policy and procedure titled, "Social Leisure Activities" dated reads "At least twelve (12) hours of activities over six days per week are provided for the residents. The activity director is in charge of holding monthly resident meetings. At this time, the residents get	{A 026}		

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
	AL11911084	A. BUILDING: _____ B. WING _____	R 10/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HARMONY HOUSE OF OCALA	5762 S.W. 60TH AVENUE OCALA, FL 34474

(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 026}	Continued From page 3 the opportunity to participate in the decision-making of anything that affects their life." Class III	{A 026}		