AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Harmony House at Ocala
5762 S.W. 60th Avenue
Ocala, FL 34474

Dear Administrator:

Re: CCR #2013000159

This letter reports the findings of a state licensure survey that was conducted on 2013 by representative(s) of this office.

Enclosed is the provider's copy of the State (3020) 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. Staff from this office will conduct a review after , 2012 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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,

Stephen Burgin for,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone (386) 462-6201; Fax (386) 418-5300

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 _____	

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

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A 000	Initial Comments On an unannounced compliance survey CCR #2013000159 was conducted at Harmony House Assisted Living Facility in Ocala Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.	A 000		
A 025 SS=G	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in	A 025		

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A 025	Continued From page 1 the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews the facility did not provide adequate supervision for 2 of 6 sampled resident #4 & #5 to prevent Findings: On at approximately 10:07 AM during an interview with DCF it was told that resident #4 had been pushed down by another resident in the facility on and had expired due to injuries she sustained from the according to the medical examiners office. She said a facility employee B witnessed the incident but had been terminated because was smelled on her breath while at work. On during a record review of resident #4 records it was observed in the residents observation log the following: On resident #4 was sent to the hospital because she had received a bump on her head after being knocked down by another resident in the facility. On an entry was made in the resident observation log which stated, resident #4 got into an altercation with another resident and was pushed. She to the floor and hit her head against the wall. This incident was witnessed by resident care assistant B. On 01 a record review of staff B's statement showed that on she witnessed resident #4 following resident #7 down the 100 hall in the facility. She herd resident #7 tell resident #4 to go away. She then saw resident #7 push resident #4. Resident #4 backwards and hit her head and dropped to the floor. This	A 025		

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A 025	Continued From page 2 incident could have been avoided if staff had only intervened and redirected resident #4 away from resident #7. On during a record review of resident #5 records it was observed on the resident #5 health assessment he had physical limitations of unsteady gate, and frequent . The health assessment also stated he had special precautions for . On resident #5 was placed on hospice due to in the facility, loss of weight and . It was observed in both the residents observation log and resident incident log that the resident had 13 from to after being placed on hospice. When resident #5 continued to in the facility the facilities only other precaution to prevent was to move resident #5 closer to resident care station for closer observation. Class II	A 025		
A 077 SS=G	58A-5.019(1) FAC Staffing Standards - Administrators Staffing Standards. (1) ADMINISTRATORS. Every facility shall be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of adequate care to all residents as required by Part I of Chapter 429, F.S., and this rule chapter. (a) The administrators shall: 1. Be at least 2. If employed on or after , 1990, have a high school diploma or general equivalency diploma (G.E.D.), or have been an operator or administrator of a licensed assisted living facility in the State of Florida for at least one of the past	A 077		

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A 077	Continued From page 3 3 years in which the facility has met minimum standards. Administrators employed on or after , 1995, must have a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening standards pursuant to Section 429.174, F.S.; and 4. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C. (b) Administrators may supervise a maximum of either three assisted living facilities or a combination of housing and health care facilities or agencies on a single campus. However, administrators who supervise more than one facility shall appoint in writing a separate " manager " for each facility who must: 1. Be at least and 2. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C. (c) Pursuant to Section 429.176, F.S., facility owners shall notify both the Agency Field Office and Agency Central Office within ten (10) days of a change in a facility administrator on the Notification of Change of Administrator, AHCA Form 3180-1006, 2006, which is incorporated by reference and may be obtained from the Agency Central Office. The Agency Central Office shall conduct a background screening on the new administrator in accordance with Section 429.174, F.S., and Rule 58A-5.014, F.A.C. This Statute or Rule is not met as evidenced by: Based on interviews and record reviews the facility did not have a CORE trained administrator.	A 077		

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A 077	Continued From page 4 Findings: On during an interview with the administrator H, she said she was made the administrator of the facility around She said she was not CORE trained at that time and had 90 days to do so. She stated she took the CORE class but had not yet taken the CORE test to become certified.She said she was scheduled to take the CORE test on On during a record review it was discovered that Brighton Pointe ALF filed a change of administrator papers with AHCA in 2012 which made H the administrator effective From she had 90 days to become CORE trained to include passing the required test, which she failed to do. On at approximately 5:20 PM during an exit interview with VP of operations for Saber Corperation which bought the facility on stated; When the Corperation bought the facility AHCA had listed H as the facility administrator on the agency's Facility Finders, which led them to believe she was a qualified administrator. Class II	A 077		
A 078 SS=D	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable including Freedom from must be documented on an annual	A 078		

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A 078	Continued From page 5	A 078		

basis. A person with a positive ..... test must submit a health care provider ' s statement that the person does not constitute a risk of communicating ..... Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable ..... he/she shall be removed from duties until the administrator determines that such condition no longer exists.
(b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter.
(c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C.
(d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents.
(e) For facilities with a licensed capacity of 17 or more residents, the facility shall:
1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and
2. Maintain time sheets for all staff.

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A 078	Continued From page 6 This Statute or Rule is not met as evidenced by: Based on record reviews and interviews the facility did not have a free from communicable statement for 1 of 4 staff members for employee S. Findings: On during a record review of employee files it was observed that direct care staff employee S did not have a free from communicable statement in her record. When the administrator was asked where was the statement, she could not locate it. Class III	A 078		
A 080 SS=D	58A-5.0191(1) FAC Training - Core & Competency Test Staff Training Requirements and Competency Test. (1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST. (a) The assisted living facility core training requirements established by the department pursuant to Section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test. (b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to 1997,	A 080		

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A 080	Continued From page 7 and managers who attended the core training program prior to , 1998, shall not be required to take the competency test. Administrators licensed as nursing home administrators in accordance with Part II of Chapter 468, F.S., are exempt from this requirement. (c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years as provided under Section 429.52, F.S. (d) A newly hired administrator or manager who has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education requirements will be considered a new administrator or manager for the purposes of the core training requirements and must: 1. Retake the assisted living facility core training; and 2. Retake and pass the competency test. (e) The fees for the competency test shall not exceed $200. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews the facility did not have complete health assessments for 2 of 6 sampled residents, resident #4 & #6. Findings:	A 080		

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A 080	Continued From page 8 On during a record review of resident #6 health assesment 1823 dated it observed that it was missing page number 2 and 3. On page 4 the assessment was incomplete regarding wether the resident needed help with taking his medication or not. On during a record review of resident #4 health assessment 1823 dated it was observed that the section on wether the resident needs assistance with self administration of medication or needs medication administration was in complete. On at 9:00 AM during an exit interview with the new administrator and resident care director. They were asked why resident #4 #6 health assesments were incomplete, which they could not answer.	A 080		
A 081 SS=D	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service	A 081		

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A 081	Continued From page 9 training within 30 days of employment that covers the following subjects: 1. Reporting major incidents. 2. Reporting adverse incidents. 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.	A 081		

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A 081	Continued From page 10 This Statute or Rule is not met as evidenced by: Based on record reviews and interviews the facility did not train 1 of 4 staff members, staff member S in the required training for reporting major incidents & reporting adverse incidents, within the 30 days of hire. Findings: On , during a record review of staff training records it was observed that employee S was hired on . It was also discovered that she had no documentation showing she had received the required in service training for reporting major incidents & reporting adverse incidents. When the administrator was asked why employee S had not received the training she said she is scheduled to receive the training this week. Class III	A 081		