AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Harbor House at Ocala
12080 S.W. Highway 484
Dunnellon, FL 34432

Dear Administrator:

This letter reports the findings of a Change of Ownership 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 . 2013 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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Stephen Berger Jr.

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90

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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
	AL11953175	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBOR HOUSE AT OCALA	12080 S.W. HIGHWAY 484 DUNNELLON, FL 34432

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A 000	Initial Comments On an unannounced Assisted Living Facility (ALF) change of ownership survey was conducted at the newly named Harbor House ALF (formally known as Hampton Manor Gardens), the facility was found to not be in compliance with Chapter 429, Part I, 408 Part II, F.S. and 58A-5, F.A.C.	A 000		
A 091 SS=D	58A-5.0191(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility ' s personnel files. The documentation must include the following: 1. The title of the training program; 2. The subject matter of the training program; 3. The training program agenda; 4. The number of hours of the training program; 5. The trainee ' s name, dates of participation, and location of the training program; 6. The training provider ' s name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements.	A 091		

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A 091	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure that documentation of training is in 3 of 3 sampled staff (staff #1, #2, and #3) is in the facilities personnel files Findings: 1.) Staff #1, #2, and #3 did not have documentation of level II background screening or documentation of [illegible] and policy and procedures training. 2.) Staff #3 did not have documentation of emergency evacuation and elopement response, ADL and behavioral needs, [illegible] control, and [illegible] training's. Interview with the administrator on [illegible] at 2:05 PM revealed she stated the personnel records are in several places and she is unsure where all staff records are kept. She added that she is sure the CNA's have had all of their training and all staff have required training in orientation. She added that she will ensure she includes all necessary training documentation in personnel files as soon as possible. The administrator added that the facility has just changed ownership and the office is in transition. Class: III Correction date: [illegible]	A 091		
A 093 SS=D	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS.	A 093		

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A 093	Continued From page 2 (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, ... and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program. (b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows: 1. Protein: 6 ounces or 2 or more servings; 2. Vegetables: 3 5 servings; 3. Fruit: 2 4 or more servings; 4. Bread and starches: 6 11 or more servings; 5. Milk or milk equivalent: 2 servings; 6. Fats, oils, and sweets: use sparingly; and 7. Water. (c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in	A 093		

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A 093	Continued From page 3 the facility files and include the signature of the reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months. (e) Therapeutic diets shall be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to document what is eaten unless a health care provider ' s order indicates that such monitoring is necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility. 2. The facility shall document a resident ' s refusal to comply with a therapeutic diet and notification to the resident ' s health care provider of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the resident ' s responsible party refusing the diet is acceptable documentation of a resident ' s preferences. In such instances daily documentation is not necessary. (f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal.	A 093		

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A 093	Continued From page 4 Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand. (h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review it was determined that the facility failed to follow/provide a menu and ensure residents received meals of the necessary nutritive value as approved by a registered dietitian.	A 093		

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A 093	Continued From page 5 Findings: Tour of the facility on [redacted] at 9:30 AM revealed no posted menus. Interview with the kitchen manager on [redacted] at 10:30 AM revealed she stated that a menu is not always followed when preparing meals for the residents and the menus are not posted "because they are a mess." She added that numerous substitutions have been made for approved menu items and she has documented some of the changes, but not all. She added that she has been on workman's compensation leave from the facility for 3 months and knows that food [redacted] been inconsistent with dietician pre-approved meal plans. She added that she does not have a procedure to ensure a similar replacement was provided for each substituted menu item and replaces menu items with what is in stock from day to day. The kitchen manager stated there are therapeutic diets for [redacted] residents at the facility and they get a different menu which is supposed to include a different portion for their calorie intake: "3 oz of protein, 2 carbs breakfast lunch, dinner, and sugar free desert." She stated there is no documentation of substitutions for residents on therapeutic diets and added "I know I have a lot of work to do to get the kitchen right." Record review revealed menus from [redacted] through [redacted] of 2012 containing daily changes written into menus for lunch and dinner meals. Review of the approved meals selections contained on the dietician approved menus have been crossed through and/or whited out for each day at least once and replaced with a substitutions which are not identified as a food	A 093		

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A 093	Continued From page 6 group and portions are not listed. Interview with resident #5 on [redacted] at 10:30 AM revealed she stated she does not know what is being served for meals until she arrives into the dining area and does not know what is provided as a substitution until she asks. Class: III Correction Date: [redacted]	A 093		
A 152 SS=G	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident [redacted] sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste	A 152		

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A 152	Continued From page 7 basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident [illegible] to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be [illegible] This Statute or Rule is not met as evidenced by: Based on interview and observation it was determined that the facility failed to ensure that all existing architectural and structural systems are maintained in good working order to provide a safe living environment. Findings: Interview and tour of the facility with the facility maintenance supervisor on [illegible] at 10:45 AM revealed the following: 1.) The roof in the hallway located approximately 30 feet away from cafeteria leaks out of the vent when to rains. He stated he or another facility staff capture the leaking water by placing a bucket in the hallway under the vent. He added "there is enough [illegible] the residents to walk/wheel around the bucket to go and come from the cafeteria." 2.) Observation of the dining [illegible] wall above the window is brownish colored. Maintenance man stated it drips onto the interior	A 152		

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A 152	Continued From page 8 window sill when it rains and he (or other facility staff) place a bucket on the sill to catch the water. When asked if he/facility moves the residents to another table (table is directly next to window sill) he stated "no, they still eat right here---we just keep a bucket there to catch the water when it rains." 3.) Observation of the activity [illegible] the [illegible] several ceiling tiles stained brown and bulging toward the floor approximately 3-4 inches. The facility maintenance man stated they/facility put a bucket in the [illegible] catch the water when it rains. Surveyor attended res council meeting in the [illegible] at 9:05 AM during which the residents reported the roof leaks in the activity [illegible] they have had activities in the [illegible] The resident council president (resident #1) stated the facility has held activities in the [illegible] the roof leaked and a bucket was used to catch the water dripping from the ceiling. 4.)Observation of the laundry [illegible] it has the far right wall and cling discolored brown. The maintenance man stated the laundry [illegible] has a "rotted valley" which is causing the leak. He added that the ceiling slopes toward the right where the water leaks---he added that they/facility places a bucket under the leak to catch the water. 5.)The current storage [illegible] (former res 16 which has approx 6 ft x 3 ft ceiling tiles removed in the closet on the right as you enter the [illegible] The maintenance man stated they/facility removed the ceiling tiles after they had gotten wet and the facility decided to keep the ceiling tiles removed instead of replacing them after it rains. He added that buckets are placed on the floor under the leaking roof to catch the dripping water when it rains. Facility records contain an initial report from an inspector from Aviv Real Estate company	A 152		

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A 152	Continued From page 9 regarding the roof at Harbor House (formally known as Hampton Manor Gardens) noting: Initial report from site investigation revealed: Four leaks which have been leaking for a considerable length of time with several attempts made to repair by patching the areas with roof sealant and cement but have not resolved the issues. Areas of leaks identified: Dining [illegible], resident [illegible] (now storage [illegible] activity [illegible] and laundry [illegible] The extent of the damage from the leaks is identified as "considerable damage to the roof and the water damage may have caused wood rot to the strand board roof sheathing which does not perform well in contact with water." The report notes that a roofing company will be on site Friday at 1:30 (date unknown) to conduct further exploratory work to determine the root of the leak and the cost to repair. Interview with resident #5 on 1/3.13 at 12:15 PM in the cafeteria revealed she stated she has witnessed 3 of the leaking roof areas: 1.) Hallway leading to the cafeteria 2.) Activity [illegible] Cafeteria Resident #5 added that the staff place buckets in the hallway and activity [illegible] catch the leaking water and place a towel on the window sill in the dining [illegible] absorb the leak. She added the towel is used so the water does not splash on her when she is eating as the window sill is less than 2 feet away from her dining table. Resident #5 stated all the residents have to walk/wheel around the bucket in the hallway to enter the cafeteria and also that the activity [illegible] used during times when the roof is actively leaking. Interview with the administrator on [illegible] at 1:57 PM revealed she stated the roof is her number 1	A 152		

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A 152	Continued From page 10 priority and she is aware of the findings of the roof inspection done on by Aviv REIT Inc. The administrator stated the facility has just changed ownership and the new owners are aware of the leaking roof but have not obtained quotes for the repairs. Class II Correction date	A 152		