



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

March 27, 2013

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

Dear Administrator:

This letter reports the findings of a change of ownership with ECC licensure survey *revisit* conducted on March 20, 2013 by a representative of this office. Enclosed is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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,



Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure

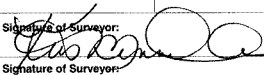
J5XD



State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11911084	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 3/20/2013
Name of Facility HARMONY HOUSE AT OCALA		Street Address, City, State, Zip Code 5762 S.W. 60TH AVENUE OCALA, FL 34474

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>A0003</u> Reg. # <u>58A-5.014 FAC</u> LSC _____	Correction Completed 03/20/2013	ID Prefix <u>A0010</u> Reg. # <u>58A-5.0181(4) FAC</u> LSC _____	Correction Completed 03/20/2013	ID Prefix <u>A0052</u> Reg. # <u>58A-5.0185(3) FAC</u> LSC _____	Correction Completed 03/20/2013
ID Prefix <u>A0054</u> Reg. # <u>58A-5.0185(5) FAC</u> LSC _____	Correction Completed 03/20/2013	ID Prefix <u>A0056</u> Reg. # <u>58A-5.0185(7) FAC</u> LSC _____	Correction Completed 03/20/2013	ID Prefix <u>A0078</u> Reg. # <u>58A-5.019(2) FAC</u> LSC _____	Correction Completed 03/20/2013
ID Prefix <u>A0093</u> Reg. # <u>58A-5.020(2) FAC</u> LSC _____	Correction Completed 03/20/2013	ID Prefix <u>AE201</u> Reg. # <u>58A-5.030(2) FAC</u> LSC _____	Correction Completed 03/20/2013	ID Prefix <u>AE203</u> Reg. # <u>58A-5.030(4) FAC</u> LSC _____	Correction Completed 03/20/2013
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: 	Date: <u>4/2/13</u>	
State Agency _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____	
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____	
CMS RO _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____	
Followup to Survey Completed on: 1/17/2013		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			