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 #2013004420

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 , 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,

Stephe Burgin for,
Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90

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2727 Mahan Drive
Tallahassee, FL 32308
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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 _____	05/07/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY HOUSE AT 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 On unannounced compliance survey CCR #2013004420 was conducted at The 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=D	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	A 025		

the provision of additional services.

This Statute or Rule is not met as evidenced by:
Based on record review and interviews the facility did not notify the responsible party for 1 of 4 residents, for resident #1.

Findings:

On a record review was conducted on resident #1 facility records. It was observed that resident #1 and #4 were involved in an altercation over a wheelchair on . Resident #4 pushed resident #1 down and when she she hit her head and sustained a large bump over her right eye. Resident #1 was transported to the hospital by 911 and resident #4 was by law enforcement. The facility notified resident #4 responsible party of the incident. Resident #1 responsible party was not notified by the facility about the incident. A review of resident #1 facility contact sheet revealed that there was two contact phone numbers for the responsible party. The first number was incorrect number, but the second number was correct number. The facility never tried the second phone number.

On at approximately 3:15 AM an interview was conducted with the Administrator about the incident between resident #1 &4 on . She was asked why the family POA wasn ' t contacted for resident #1 when she was hospitalized on . The Administrator stated at the time of the incident the information on the face sheet was incorrect. They attempted to contact the POA for resident #1 by phone but the number was incorrect. It was pointed out to the Administrator that the original face sheet did contain two contact numbers and the second one

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A 025	Continued From page 2 was a working cell number for the POA, so why was it not called. The Administrator said it should have been. Level III	A 025		