STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	10/15/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harmony Care Home Inc	534 Se Thanksgiving Ave Port Saint Lucie, FL 34984	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced standard relicensure survey with Limited Nursing Services (LNS) was conducted on Harmony Care Home, had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure the Resident Health Assessment (AHCA Form 1823) was completed within 30 days of admission, for 1 of 2 residents (Resident #1) and failed to ensure for 1 of 2 residents (Resident #2) that the Health Assessment was completed accurately.

The findings include:

1. Review of the admission log revealed Resident #1 was admitted on Review of Resident #1's file revealed there was no Health Assessment in the record.

The Administrator confirmed at 9:24 AM on that the Health Assessment had not yet been done by a Health Care Provider. She said the resident came from a skilled nursing home but there was no 1823 form that came with the resident. She said he had a and was paralyzed on one side but there was no diagnoses documented in the record except on the 'Omniview resident Discharge form' which said: &

The record of Resident #1 did not reveal an ordered diet for the residents, ordered medications (except on discharge form from nursing home - not signed by a physician) and there was no indication the

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resident was free of communicable

2. Review of the admission log revealed Resident #2 was admitted on
Review of the health assessment of for Resident #2 revealed the section for "Does the resident need help with taking medications (meds)' was blank. The Administrator said he does not get any medications but will have a new assessment done on
Further review of the AHCA Form 1823 revealed is was an old form, that was dated 2010.

Class III

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC
Based on record review and interview, the facility failed to ensure it maintained a policy on Resident Elopement Response.

The findings include:

During an interview with the Administrator at approximately 8:50 AM on revealed they have no residents at risk for elopement as all residents are alert & oriented.
The facility's policy on Resident Elopement and Response was requested from the Administrator and the Owner during the survey. The facility did not provide the policy requested.

The Administrator said she was new but had worked as an aide prior to this position. She said she was sure there are policies but we can not locate them. The Owner said he used to co-own the facility but is now sole-owner and his partner used to manage the operations of this facility. He was not sure where the policies were at this time.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and interview, the facility failed to ensure it maintained an accurate Medication Observation Record (MOR) to include all physician order medications, for 2 of 2 sampled residents (Resident #1 and #2).

The findings include:

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1. Review of Resident #1's file revealed the resident was admitted on . Review of the "post discharge plan of care' from the sending facility for Medications revealed a referral to the "E-list" of medications. Review of the E-list of medications revealed 2 routine medications were listed to include: 81 mg chewable, give by mouth once daily for and 500 mg by mouth twice daily for .

Review of the MOR (Medication Observation Record) for Resident #1 revealed only the 500 mg was listed.
Further review of the record revealed there was no physician order to discontinue the .
During an interview with the Administrator at 12 PM on , she said the resident has not taken the . There was evidence in the record since admission of refusal or a discontinuation order for the .

2. Interview with the administrator revealed Resident #2 does not take any medications. The Administrator said she was told by the nurse at nursing home that he was not on any medications and she did not follow through on this. She said because of insurance the resident was not eligible to see a physician for a year but she was able to find a physician and he has an appointment on .

Review of the admission / discharge log revealed Resident #2 was admitted on .
Review of the file provided for Resident #2 revealed a Health Assessment (AHCA 1823 form) dated with diagnoses included: (non-i dependent . The physician orders for medications on this 1823 form included 200 mg twice daily (for 1 mg daily, & with daily. Further review of the record revealed there was no order to discontinue these medications.

Review of the MOR binder provided revealed there was no MOR for Resident #2.

Interview with Resident #1 during the day of the survey revealed he does not believe he is a and he does not take any medications.

Further interview with the Owner and the Administrator at 12:54 PM on , revealed they agreed there was no no order to discontinue the medications and no MOR for the resident.

Class III

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0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation, record review and interview, the facility failed to ensure that when a resident was discharged from the facility, there was notation of drug disposition within 15 days or that drugs were returned to the resident's representative.

The findings include:

Observation in the locked medication cabinet with the Administrator and another surveyor revealed 3 bottles of liquid Megestrol 400 mg/ml . These were labeled with Resident #5's name.

The Administrator stated at 9:17 AM, Resident #5 had expired about 3-4 months ago. The Administrator further stated that they have not returned the medication yet but are getting ready to remove and return them. She said she will send them back to pharmacy as the family is out of town in a state up north. She said she was not sure what to do with them.

Review of the observation documentation section of the record for Resident #5 revealed the resident had expired on . There was no evidence or documentation in the record to indicate the resident's representatives were notified of the medication, / Megestrol, that was left at the facility.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on personnel file review and interview, the facility failed to ensure that all staff had evidence of Freedom from signs & symptoms of on an annual basis (Staff A & B) and that Staff A had required trainings; and that Staff C did not have an application or refernce checks.

The findings include:

Review of the Staff personnel files revealed the following:

1. Staff A & B did not have evidence of Freedom from provided by a Health Care Provider.
For Staff A the last documented test on record was . The administrator confirmed it was last done about a year ago.

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For Staff B the last test was done on and was documented by the health care provider as positive; a chest X-ray was done which was negative. There was no additional testing or x-rays results in the record. The administrator said 'there is a lot of things missing in this file.

2. Staff B's personnel file did not contain evidence by a health care provider of being Free of signs & symptoms of Communicable The administrator & owner agreed with the finding.

3. Staff A was hire as a personal care attendant in 2012. On she was designated as the administrator. There was no job description in the personnel file. The administrator said she didn't get a job description and has no copy of the regulations.

4. Staff C had a hire date of The owner said she was still on orientation. Review of the personnel file revealed there was no application or reference checks. The owner and administrator confirmed Staff C does not have an application or reference checks. When asked how Staff C was screened for employment, they said she is from another agency.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on record review and interview, the facility failed to ensure all staff had received training regarding AID, for 1 out of 3 sampled staff (Staff A).

The findings include:

Review of the personnel file for Staff A revealed a hire date in 2012 as a personal aide and a direct care staff. On Staff A was designated the Administrator.

Review of the personnel file revealed no evidence of the one-time training or education on and since the hire date of

The Administrator confirmed there is no evidence of the training. She stated at 10:59 AM on that she just did an update but had no documentation in the facility at this time.

Class III

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0162-Records - Resident 58A-5.024(3) FAC
Based on record review and interview, the facility failed to ensure an initial weight was initiated on admission and that the record contained a copy of the informed consent, for 1 of 2 sampled residents (Resident #1).

The findings include:

1. Review of Resident #1's file revealed an admission of . There was no AHCA Form 1823 so no weight was able to be obtained from it. Further review of the file revealed there was no weight documented.

The administrator said she weighed the resident on admission but there is no documentation of this. She looked in several books and binders but could not locate a weight.

2. Further review of Resident #1's file revealed there was no copy of a written informed consent for unlicensed staff assisting the resident with self-administration of medication.

The Administrator said she is not a licensed staff (not a nurse) and none of the staff are licensed. She said she or the unlicensed staff provides the medication to residents.

Class III

0167-Resident Contracts 58A-5.025(1) FAC
Based on record review and interview, the facility failed to ensure all admitted residents had an executed contract signed by the resident or legal guardian and the facility, for 1 of 2 sampled residents reviewed for contracts (Resident #1).

The findings include:

1. Record review revealed Resident #1 was admitted . The Administrator said the resident is alert & oriented but the parent is responsible for the financial aspects and has not signed agreement yet. The Administrator said she is not sure if the resident will be staying here but may be discharged back to the parent.

Further review revealed there was no indication a contract / agreement was executed; to include the rate

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for provisions; the services to be provided; the rights, duties or of the resident; refund policy or potential rate increase policy; medication assistance; Over The Counter (OTC) medications; and the policy to address a properly executed .The Administrator agreed there was no signed and dated contract / agreement but the facility has been paid for Resident #1 residing at the facility. She agreed the resident has been here for almost 2 months with no legal contract in place. This was reviewed with the Owner who verbalized understanding of the need for a contract.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Harmony Care Home Inc
534 SE Thanksgiving Ave
Port Saint Lucie, FL 34984

Dear Administrator:

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

Attached is the provider's copy of the State (5000-3547) 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 representative. Should you have any questions please call this office at (561)381-5840.

Sincerely,

J. Wells - Phoenix Inspectors

for Arlene Mayo-Davis
Field Office Manager

AMD/jw
Enclosure
XG90

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