AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

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

Dear Administrator:

Re: CCR #2013011880 & 2013012186

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative of this office. Enclosed 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 surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

for Hayes

Kristy J. Mennella
Field Office Manager

KJM/amw

Enclosure

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Alachua, FL 32615-5669
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911084	12/05/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harmony House At Ocala	5762 S.W. 60th Avenue Ocala, FL 34474	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced visit to conduct 2 Complaint Investigations #2013011880 &2013012186 was conducted on . Deficiencies were identified at this time.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, record review and interview the facility failed to provide sufficient care and services to provide a safe environment for 1 of 3 residents (#3). The facility also failed to provide supervsion for 8 of 8 residents on the 100 hall.

The findings include:

On beginning at 4:50 AM a tour of the facility was conducted with the Shift Supervisor and Resident Aides in this unannounced off hours visit. Upon this surveyor's arrival the 3 staff present in the facility were noted by the Laundry in the secured unit. There were no staff members in the 100 hall. There was a closed, locked door between the 100 and 200 hallways. There 8 unsupervised residents on the 100 hall. Resident #3 in was observed in his bed, low position with mats on the floor, the bed alarm not functioning. The alarm was located at the top of the bed, not underneath the resident.

Review of Resident #3's chart, Hospice Registered Nurse Notes revealed he had 2 recent with no apparent injury, on and while he was in another resident's his . The Hospice assessment dated , states he is in steady decline. It states he needs full assistance /supervision with his care. No sitter or companion services are provided. There was no objective for the low bed , mats or alarms for precautions in the Care Plan updated . His Health Assessment dated and signed by the Physician on notes precautions.

Review of the facility Policy dated , revealed it had no directives or techniques recommended for the facility staff to follow. It was a definintion of and/or a mission statement.

During an interview with the Resident Aide on at 5:45 AM, she confirmed Resident #3's alarm, was not in the right position to be effective. She stated he is a risk. She confirmed she cannot hear the resident alarms when she is in the other halls, doing laundry.

During interviews with the Administrator and Health Director on at 9:00 AM, they confirmed the 100 hall may be unattended if the staff have gone to the laundry. She confirmed Resident #3's bed alarm was not properly placed and there must be staff in all halls. She confirmed Resident #3's updated Care Plan has no precautions.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation, record review and interview the facility failed to maintain a clean environment in 2 of 2 halls for residents with .

Findings:

During a tour of the facility with the Medication Technician / Shift Supervisor and the Resident Aides/Housekeepers on beginning at 4:59 AM, there was debris, dirt, and brown substances appearing to be fecal matter, on the floors of Resident .

and stale odor
204 several live and at least 5 cock roaches on the floor.
205 dirt and debris on the floor
303 dirt and debris on the floor, the A bed person had no name tag on the door
304 odor
305 leaking toilet in the , rust and standing water around toilet, running water sound, wet, odor
308 brown matter appearing to be fecal matter on floor

Laundry a washer with a brown substance which appears to be fecal matter smeared on the top, side and inside the tub area. There were wet, clean clothes sitting in the bottom of the tub. The dryer had no knob and had to be turned on with pliers.

A tour was conducted again with the Administrator on her arrival about 6:15 AM, , noting the above issues. She confirmed the issues and stated they would resolve the situation today.

Class III