STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910117	02/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harmony Retirement Living, Inc	1411 El Paso Avenue Orlando, FL 32806	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D

Specific Tag Findings:

0000-Initial Comments
Complaint inspection #2013012708 was conducted.

The facility had a deficiency cited during the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview the facility failed to ensure the health assessment for 3 of 5 sampled residents (#2, #3 and #5) contained all required information.

Findings:

1. Resident record review on at approximately 11:30 AM for resident #2 noted she was admitted on Continued review revealed the health assessment report was missing pages 2 thru 5. Only page 1 of the assessment was available for review.

2. Record review for resident # 3 who was admitted revealed it was not dated.

3. Resident record review for resident #5 revealed it did not indicate the resident's needs related to self- administration of medications, whether or nor her needs could be met in an assisted living facility and whether or not she needed 24 hour nursing supervision.

In an interview with the administrator /owner on at approximately 4 PM, she confirmed the findings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Harmony Retirement Living, Inc
1411 El Paso Avenue
Orlando, FL 32806

Dear Administrator:

Re: CCR #2013012708

This letter reports the findings of a state licensure survey that was conducted on 2014 by representative(s) 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 **2014,** 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 Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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