AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

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

Dear Administrator:

Re: CCR #2014002674

This letter reports the findings of a state licensure survey that was conducted on . 2014 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 . 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

for
Kristie J. Mennella
Field Office Manager

KJM/amw

Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone (386) 462-6201; Fax (386) 418-5300

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911084	04/21/2014
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
St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Complaint Survey, CCR 2014002674, was conducted at Harmony House at Ocala in Ocala, Florida on . . . Licensure deficiencies were identified as a result of the survey. The facility was not in compliance.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, interview, and record review the facility failed to provided the appropriate level of supervision for 1 of 3 residents sampled (Resident #3).

Findings:

An observation conducted on . . . at 10:02 AM revealed Resident #3 smoking on the patio unsupervised.

An observation conducted on . . . at 10:40 AM of the patio, the designated smoking area for residents revealed multiple cigarette butts lying on the patio floor surrounding the Smokers Oasis container (used for the disposal of cigarettes). There were two napkins observed lying on the patio floor in this same area, the napkins had been ignited, causing black charring observed on the napkins. To the right of the Smokers Oasis was a chair, and to the right of the chair there were newspaper pages observed.

An interview conducted on . . . at 11:08 AM with the Administrator revealed verification that there were two napkins that had been ignited on the patio area causing charring on the two napkins, and newspaper pages located to the right of a chair next to the Smokers Oasis. The Administrator stated the aides come out with the residents and light the cigarettes, but they do not stay with them. The Administrator stated she is aware and has read the smoking contract. At 1:07 PM on the same day the Administrator revealed that Resident #3 has a diagnosis of . . . . . She stated Resident #3 does not have the " Resident Smoking Contract " in his chart.

Record review of the " Resident Smoking Contract " revealed Smoking is a supervised activity at this Facility which is only permitted in designated areas and at designated times.

Record review of the Resident Handbook page 28 (F) Smoking: The resident ' s use of tobacco products is one of his/her own choice and the resident is solely responsible for this decision. Residents that choose to smoke must sign a " Resident Smoking Contract " .

Record review of the chart for Resident #3 confirmed the resident has a diagnosis of . . . . . Resident #3 did not have a signed smoking contract in his record.

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0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation, interview, and record review the facility failed to ensure a safe environment for 36 of 36 residents.

Findings:

An observation conducted on at 10:02 AM revealed Resident #3 smoking on the patio.

An observation conducted on at 10:40 AM of the patio, the designated smoking area for residents revealed multiple cigarette butts lying on the patio floor surrounding the Smokers Oasis (used for the disposal of cigarettes) container. There were two napkins observed lying on the patio floor in this same area, the napkins had been ignited, causing black charring observed on the napkins. To the right of the Smokers Oasis was a chair, and to the right of the chair there were newspaper pages observed.

An interview conducted on at 10:44 AM with the Maintenance Director revealed verification of the napkins having been ignited causing black charring on the two napkins located on the smoking patio, and pages of a newspaper located to the right of a chair next to the Smokers Oasis.

An interview conducted on at 11:08 AM with the Administrator revealed verification that there were two napkins that had been ignited on the patio area causing charring on the two napkins, and newspaper pages located to the right of a chair next to the Smokers Oasis. The Administrator stated the aides come out with the residents and light the cigarettes, but they do not stay with them. The Administrator was unable to state when the smokers ' area is to be cleaned.

Record review of the Resident Handbook page 28 (F) Smoking: The resident ' s use of tobacco products is one of his/her own choice and the resident is solely responsible for this decision. Residents that choose to smoke must sign a " Resident Smoking Contract " .

Record review of the chart for Resident #3 revealed the resident has a diagnosis of

An interview conducted on at 1:07 PM with the Administrator revealed that Resident #3 has a diagnosis of The " Resident Smoking Contract " can be signed by the resident or the resident ' s representative. Resident #3 does not have the " Resident Smoking Contract " on his chart.

Record review of the " Resident Smoking Contract " revealed smoking is a supervised activity at this Facility which is only permitted in designated areas and at designated times.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC
Based on interview, and record review the facility failed to ensure the completion of an Initial Adverse Incident Report, and Full Adverse Incident Report for 2 of 3 residents sampled (Residents #1, and #2).
Record review of the Observation Log for Resident #1 revealed documentation of an event dated at 11:00 AM. The documentation stated Resident (#1) involved in alleged resident to resident altercation. noted above left eye.

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Record review of the Observation Log for Resident #2 revealed documentation of an event dated at 11:15 AM Resident observed in upper extremity and Sent to ER per MD (Medical Doctor).

An interview conducted on at 10:16 AM with the Administrator revealed I did not report the injuries of unknown origin for Residents #1, and #2.

Record review of the Policy and Procedure for Incident/Accident Report revealed on page 3, number 11. The DON (Director of Nursing) or LNHA (Licensed Nursing Home Administrator) will report all incident/accidents, injuries of serious nature or injuries of unknown origin as required by their applicable State regulations.

Class III