

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910117	(X3) DATE SURVEY COMPLETED 06/05/2014
NAME OF PROVIDER OR SUPPLIER Harmony Retirement Living, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
 St - A - 0081 - 58a-5.019(2) Fac - Training - Staff In-Service S-S= D
 St - A - 0084 - 58a-5.019(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
 St - A - 0090 - 58a-5.019(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments

Extended Congregate Care (ECC) monitoring conducted. Harmony Retirement Living, Inc. had deficiencies found during the visit.

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

Based on personnel record review and interview the facility failed to ensure the 1 of 3 sampled staff (B) provided the facility with a healthcare provider statement to indicate that the person did not have any signs or symptoms of . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement.

Findings:

Personnel record review on at approximately 11AM revealed staff B was hired on . Continued review revealed a healthcare provider statement that indicated freedom from communicable including that was dated more than 6 months from the date if hire.

In an interview with the administrator on at approximately 11 AM who stated she did not realized the staff needed a more recent physical exam.

Class III

0081-Training - Staff In-Service 58A-5.019(2) FAC

Based on personnel record review and interview the facility failed to ensure 1 of 3 sampled staff records contained evidence to confirm the mandated in-service training within 30 days of employment.

Findings:

Personnel record review on at approximately 11 AM revealed that staff B was hired on

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910117	(X3) DATE SURVEY COMPLETED 06/05/2014
NAME OF PROVIDER OR SUPPLIER Harmony Retirement Living, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 1411 El Paso Avenue Orlando, FL 32806	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Continued review revealed no evidence to confirm he received an in-service training regarding the facility's resident elopement response policies and procedures; 1 hour in-service training regarding the facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation; 1 hour in-service training regarding incidents and adverse reporting; 1 hour in-service training regarding resident's rights and recognizing neglect and ; 1 hour in-service regarding control and a 3 hour in-service training regarding the provision of assistance with activities of daily living and resident behavior. Continued review revealed that she was not a Certified Nursing Assistant or a Home health Aide, therefore exempt from the 1 hour in-service regarding control and a 3 hour in-service training regarding the provision of assistance with activities of daily living and resident behavior.

In an interview with the administrator on at approximately 11 AM, she stated that she did not give certificates or documented the training; but that she did some of the training and had not realize that the 30 day grace period has passed.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on personnel record review and interview the facility failed to ensure 1 of 3 unlicensed staff (B), who would assist residents with self-administration of medications, received a minimum 2 hour update related to medication practices in an assisted living facility, yearly.

Findings:

Personnel record review for staff B at approximately 11AM revealed the staff attended the 4 hour medication training on . Continued review revealed no evidence to confirm she attended/obtained a minimum 2 hour medication update training yearly thereafter.

In an interview with the administrator on at approximately 11 AM, who stated she did not give medications yet and had not taken the 2 hour update training. The staff lived- in 24 hours Monday, Wednesday, Thursday, Friday, Saturday and Sunday.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on interview and personnel record review the facility failed to provide or arrange for 1 of

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910117	(X3) DATE SURVEY COMPLETED 06/05/2014
NAME OF PROVIDER OR SUPPLIER Harmony Retirement Living, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 1411 El Paso Avenue Orlando, FL 32806	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

3 sampled staff (B) to attend at least one hour of training in the facility's policies and procedures regarding

Findings:

Personnel record review on at approximately 11 AM revealed that staff B was hired on . Continued review revealed no evidence to confirm she received a 1 hour in-service training regarding facility's policies and procedures regarding

In an interview with the administrator on at approximately 11 AM, who stated she thought she had given the staff the in-service training but she had not documented the training or given a certificate.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: ECC monitoring

Dear Administrator:

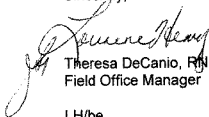
This letter reports the findings of a state licensure survey that was conducted on , 2014 by representative(s) of this office.

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 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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone: (407) 420-2502; Fax: (407) 245-0998
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida