RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Harbor House at Ocala
12080 S.W. Highway 484
Dunnellon, FL 34432

Dear Administrator:

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,

Kristie J. Mennella
Field Office Manager

KJM./amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953175	09/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harbor House At Ocala	12080 S.W. Highway 484 Dunnellon, FL 34432	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - E207 - 58a-5.030(8) Fac - Ecc - Services S-S= D

Specific Tag Findings:

0000-Initial Comments

On 2014 an unannounced Extended Congregate Care Monitoring survey was conducted at The Harbor House Assisted Living Facility located in Ocala, Florida. There were deficiencies cited. The facility was not in compliance.

E207-ECC - Services 58A-5.030(8) FAC
Based on observations and record review and interview, the facility failed to ensure 1 of 1 residents sampled residents requiring a : recieved services to prevent further decline as ordered (resident #1).

Finding:

Observations of resident #1 on at 11:00 am revealed she was sitting outside of her the porch. Continued observations revealed that the resident's right hand appeared to be contracted.

Review of the resident's Health Assessment AHCA Form 1823 dated revealed that the resident was ordered to wear a right hand palm guard to be taken off for skin checks.

During the interview with the resident on at 11:15 am she stated that she has not been wearing the palm guard for sometime, she continued to say that it was sent to the laundry and she has not seen it since.

During the interview with the Extended Congregate Care nurse on at 1:00 pm she stated that she was not aware of the physician's order for the brace.

Class III