STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910117	11/06/2014
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 - 0000 - - Initial Comments
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:
0000-Initial Comments
A monitoring visit for Extended Congregate Care (ECC) was conducted on . . . . . Harmony Retirement had a deficiency found at the time of the visit.

L243-LMH - Training 58A-5.0191(8) FAC
Based on personnel record review and interview the facility failed to ensure 1 of 2 sampled staff (B) who was in direct contact with limited mental health (LMH) residents received the required training.

Findings:

Observations on . . . . . at approximately 2 PM noted the facility posted by the common area indicated the facility held a Limited Mental Health license as well as an Extended Congregate Care (ECC) license.

Personnel record review at approximately 2:30 PM revealed staff B was hired on . . . . . Continued review revealed she was a caregiver. There was no evidence to confirm she had completed the 6 hours Limited Mental Health (LMH) training provided by or approved by the Department of Children and Family Services, within 6 months of hire.

In an interview on . . . . . at approximately 3 PM with the administrator/owner who validated the findings and stated no LMH training seemed to have been given this year as she did not received a flier.

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

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