



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 representative(s) 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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,


Kriste J. Menhella
Field Office Manager

KJM/amw
Enclosure



STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953175	(X3) DATE SURVEY COMPLETED 11/13/2014
NAME OF PROVIDER OR SUPPLIER Harbor House At Ocala	STREET ADDRESS, CITY, STATE, ZIP CODE 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 - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
 St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= B
 St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
 St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments

On , an unannounced Biennial Licensure survey with Extended Congregate Care survey was conducted at The Harbor House Assisted Living Facility, 12080 SW Highway 484, Dunnellon, FL. Deficient practice was identified at the time of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record reviews and interviews the facility failed to obtain omitted information on a health assessment (AHCA form 1823) for 1 of 3 residents records reviewed (resident #10).

Findings:

On resident #10's health assessment was reviewed. The Activities of Daily Living section was incomplete and missing the required comments on page 2. The commented for required task were missing from page #3

On at approximately 11:45 AM an exit interview was conducted with the Administrator and director for nursing regarding the missing information on resident #10's health assessment. They both stated they did not know why the required information was missing.

Class

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observations and interviews, the facility failed to post the telephone numbers for the Agency for Healthcare Administration Consumer Hotline and Rights Hotline in full view in a common area accessible to all residents for 55 of 55 residents in the facility.

Findings:

On 4:10 p.m. observation showed no documentation of telephone numbers posted for the Agency for Healthcare Administration Consumer Hotline, and Rights Hotline inside the premises of the facility.

On at 4:17 p.m., an interview was conducted with the Administrator. She stated, after touring the facility, that the Agency for Healthcare Consumer Hotline, and Rights Hotline telephone numbers are not posted in the facility.

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Class . . .

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

Based on observation, interview and record review the facility failed to document 1 of 3 staff member reviewed had a statement from a health care provider documenting freedom from communicable within 30 days of hire date (staff C).

Findings:

On at 3:54 PM, staff C was observed dressed in uniform and working at the facility. Her name tag was observed to include her name and job title of Resident Care Aide.

On at 3:55 P.M., an interview was conducted with staff C. She stated she is currently working at the facility as a Resident Care Aide/Med Tech.

On a review of staff C's employee record showed a hire date of A continued revealed there was no documentation of freedom from communicable statement in her record.

On at 11:20 AM, an interview was conducted with the Administrator. She stated she is unable to find documentation of freedom from communicable statement for staff C. She stated she believes staff C's prior employer might have the communicable statement.

Class III

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

Based on record review and interview the facility failed to provide documentation for Do Not Resuscitate Order training within 30 days of hire for 1 of 3 staff members (B).

Findings:

On during a record review of direct care staff B, who was hired on it was observed that he had no documentation showing he had received his training.

On at 10:30 A.M. an interview was conducted with the facility administrator regarding the missing documentation. She stated that she is unable to find documentation that Staff B has had Training.

Class III