RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

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

Dear Administrator:

This letter reports the findings of a complaint 2014010255 in conjunction with a biennial and Extended Congregate Care re-licensure inspection survey conducted on 12-14, 2014, by representatives of the Agency for Health Care Administration (Agency). Enclosed is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within **five business days** of receipt of this faxed report. The inspection resulted in findings of non-compliance in the following areas:

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= J
St - A - 0076 - 58a-5.0186 Fac - S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Directed Corrective Actions:

On the day of the survey your facility was instructed to review all scheduled shifts and ensure at least one person with valid and First Aid training was assigned to each shift. Your facility was directed to create a system which ensures communication of pertinent information between shift changes. In addition to the aforementioned, your facility is required:

1. To develop written policy and procedures which explain how your facility will implement state laws and rules relative to within five days.

2. To train all staff on the facility's policy and procedure within ten days. Document evidence of the completed training and staff members who were trained must remain on the

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premises of the facility for Agency review.

3. Conduct an audit on all currently employed staff members training records. Identify all staff without a valid First Aid or certification, training, training and all the required in-service trainings. All employees must be up to date with all training within ten days. Training for First Aid, and must be taught by approved instructors. Document evidence of the completed training and staff members who were trained must remain on the premises of the facility for Agency review.

4. Conduct an audit on the currently employed staff members' human resource records. Identify all staff without applications, references, and annual turbuculois examination and freedom communicable statements within 10 days. Obtain the missing documentation and place it in the appropriate staff members file. The employee records must be maintained on the premises of the facility for Agency review.

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please call Jasmine Hayes, Health Facility Evaluator Supervisor, at (386) 462-6201.

Sincerely,

for

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosures

Received by

Date

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911084	11/14/2014
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 - 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= J
St - A - 0076 - 58a-5.0186 Fac - [illegible] S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - [illegible] S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And [illegible] S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - [illegible] S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced biennial licensure survey, Extened Congregate Care monitoring visit and a complaint survey (CCR#201410255) were conducted on [illegible] 13-15, 2014 at Harmony House at Ocala, an assisted living facility. Deficient practice was identifed. Failure of the facility staff to correctly implement advance directives resulted in the findings of immediate jeopardy which was removed as of [illegible], 2014.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on interview and record review the facility failed to obtain a Health Assessment (AHCA Form 1823) for 1 (Resident #4) of 3 residents within 60 days prior to admission or 30 days after admission.

Findings:

A review of Resident #4's record showed Resident #4 was admitted on [illegible]. Further review revealed there was no health assessment in the record for Resident #4.

In an interview on [illegible] at 2:20 PM with the Health Care Director showed that she could not find the Health Assessment (AHCA Form 1823) for Resident #4.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on interview and record review, the facility failed to honor the rights of a resident to be [illegible] after being found unresponsive for 1 of 23 resident in the facility who did not sign a [illegible] (Resident #18). The facility also failed to issue a refund within 45 days of the date of termination of residency for 1 of 3 resident records reviewed (Resident #15).

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Findings

1. On at 1:47 p.m. an interview was conducted with Staff D, an unlicensed staff member. Staff D stated on she went to get Resident #18 up for breakfast between 7:15 AM and 7:30 AM . She stated Resident #18 was observed on the floor by his bed, face up, partially dressed with shirt on and his pants pulled up past his knees. Staff D stated she called Resident #18 ' s name, but he did not answer. She stated she checked for his pulse and there was no pulse. She stated, Staff F, also checked Resident #18 ' s pulse. Staff D reported she called 911 from her cell phone while in Resident #18 ' s ..... Staff D stated she did not perform on Resident #18. She further stated Staff F did not attempt to perform on Resident #18. Staff D stated she did not know if Resident #18 did or did not have a in his file. Staff stated, "They [the facility] do not tell us who is or ." She went on to say the book identifying which residents have is kept in the nurse ' s station in the wellness center.

On at 1:55 p.m. an interview was conducted with the Administrator. The Administrator stated Resident #18 should have been . He further stated Staff D is a medication technician on the day shift and she did not get a report on if Resident#18 had a or not. On the Administrator was interviewed again. The Administrator stated, "They [Staff D and Staff F] should have attempted something, tried . We have an in the building."

A review of the Emergency Medical Service report showed on at 7: 58 AM was called to respond to the facility. They arrived at 8:04 AM. The report states Resident #18 was found unresponsive and pronounced upon their arrival.

A review of Resident #18 ' s record revealed Resident #18 did not have a on file.

A review of Resident #15's record showed Resident #15 was not issued a refund after moving out of the facility.

A review of facility emails revealed to the former Administrator from the Vice President of Operations for Saber Healthcare Group Corporate dated at 10:18 AM showed " We have discussed his billing responsibility and I have agreed to refund all monies paid for Please submit the refund request ASAP for that billed/paid amount.

On at 2:47 PM An interview was conducted with the Vice President of Operations for Saber Healthcare and she stated I received an update from the Healthcare Director and I have a check number for the refund. I don ' t know why there was a delay in processing the refund. I overnighted the refund check to the facility on Monday, for distribution.

Class I

007 58A-5.0186 FAC
Based on record review and interview, the facility failed to have written policy and procedure to show their implementation of state laws and rules relative to for 30 of 30 residents living

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in the facility, 7 of which have a

Findings:

A review of the facility records revealed 7 of the 30 residents in the facility had a order.

A review of the resident records showed 7 of the 30 records contained the goldenrod colored form 1896 copy on file.

A review of facility policies and procedures revealed there was no policy and procedure to explain the facility's implementation of the

On at 4:10 PM the Administrator stated there was no policy and procedures for He presented the resident handbook which outlines the state statute about , but did not contain the policy or procedure for the facility.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on interview and record review the facility failed to ensure 3 of 8 employees (Staff C, D and H) employees had a medical statement of freedom from communicable and failed to ensure 3 of 8 (Staff C, D and H) employees had documentation of freedom from annually.

Findings:

A review of facility employee records for Staff C showed Staff C was hired on . Further review showed there was no medical statement of freedom from communicable or evidence of an annual negative examination.

A review of employee records for Staff D revealed Staff D was hired on . Further review showed there was no medical statement of freedom of communicable or evidence of an annual negative examintation.

A review of employee records for Staff H revealed Staff H was hired on . A review of Staff H's personnel record showed there was no medical statement of freedom of communicable or documentation of a negative examination.

On at 9:11 AM the Administrator was interviewed. He stated the business office manager is required to handle the "employee pack."

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on interview and record review the facility failed to provide training in the areas of Control for 3 of 8

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employees (Staff D, E and F), failed to provide training for Activities of Daily Living and Behavioral Needs for 2 of 8 (Staff D and F), failed to provide training for Elopement Response for 2 of 8 employees (Staff D and H), failed to provide training for Emergency Preparedness and Evacuation for 3 of 8 (Staff D, E and H), failed to provide training for Incident Reporting for 2 of 8 (Staff D and H), failed to provide training for Resident Rights for 2 of 8 (Staff D, H) and facility failed to provide training for Recognizing/Reporting , Neglect and for 4 of 8 employees (Staff C, D, E, and H). The training is required within 30 days of employment.

Findings:

A review of facility employee records showed Staff C was hired on . Staff C did not have Recognition/Reporting , Neglect and training within 30 days of hire on file.

A review of facility employee records showed Staff D was hired on . Staff D did not have Control, Activities of Daily Living (ADL) and Behavior Needs training, Elopement Response training, Emergency Preparedness and Evacuation training, Incident Report training, Resident Rights training, and Recognizing/ Reporting , Neglect and training within 30 days of hire.

Staff E was hired on . Staff E did not have Control training, Emergency Preparedness and Evacuation training, and Resident Rights training within 30 days of hire on file.

A review of facility employee records revealed for Staff F was hired on . Staff F did not have Control training and ADL and Behavior Needs training within 30 days of hire on file.

Staff F did not have Control training, ADL and Behavioral Needs training, and Recognizing/Reporting , Neglect and training within 30 days of hire.

A review of employee records revealed Staff H was hired on . Staff H did not have elopement response training, Emergency Preparedness and Evacuation training, Incident Reporting training, Resident Rights training or Recognizing and Reporting Neglect and training on file.

On at 1:45 PM Staff C was interviewed. Staff C stated that when asked if she was adequately trained to do her job she stated that she felt she could use a little more training.

On at 9:11 AM with the Administrator he stated that once the employee is hired the Health Care Director is responsible for all staff training except . Before the new employee starts working with residents they must have , First Aid, and Control. He further stated the facility does not have a system in place for staff training.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on interview and record review the facility failed to provide training in the area of within 30 days of employment in 3 of 8 employees reviewed (Employee D, E and F).

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Findings:

A review of employee records showed Employee D was hired on . Employee D did not receive training in within 30 days of employment. Employee E was hired on . Employee E did not receive training in within 30 days of hire. Employee F was hired on . Employee F did not receive training in within 30 days of hire.

On the Administrator was interviewed. He stated that once the employee is hired then the Health Care Manager is responsible for all staff training except . Before the new employee starts working with residents they must have , First Aid, and Control. He further stated the facility does not have a system in place for staff training. There is nothing written down.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on observation, interview and record review the facility failed to ensure the facility staff trained in was available in the facility at all times for 30 of 30 residents living in the facility.

Findings:
A review of the facility staff records for training requirements showed the following resident caregivers did not have a current certification: Staff A, B,F, H, I, J, K, M and N.

An interview on at 9:10 AM with the Administrator revealed his requirements for employees upon hire are a current card, background screen, and drug screen.

An interview on at 9:20 AM with the Health Care Director revealed she schedules a trained employee on every shift.

A review of the schedule for to showed the facility did not have a trained staff on the 11:00 PM-7:00 AM shift and on , 3: 00 PM-11:00 AM shift on .

In an interview on at 1:45 PM with resident Staff C. Staff C stated, "We used to put them (a sign for residents with) on the back of the door but they don't do that anymore. We don't know if they need unless you go to their chart on the 100 hall. We have no way of knowing who needs it or not."

Class II

0090-Training - 58A-5.0191(11) FAC
Based on record review and interview, the facility failed to ensure 3 of 8 employees reviewed received training within 30 days of hire (Staff C, D and E).

Findings:

A review of Staff C ' s employee records showed Staff C was hired on . Further review revealed Staff C

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did not have documentation of training on file.

A review of Staff D ' s employee record showed staff D was hired on Further continued review revealed Staff D did not have documentation of training on file.

A review of Staff E ' s employee record showed Staff E was hired on Further review revealed Staff E did not have documentation of training on file.

A review of the report sheet presented by the administrator showed 7 of the 30 residents in the facility had a

A review of the resident records showed 7 of the 30 records contained the goldenrod colored form 1896 copy.

On at 1:45 PM with Staff C was interviewed. Staff C stated she does know if a resident requires or not. She stated the only to get theinformation would be to retrieve the resident ' s record found the 100 hallway. Staff C further stated she does not know what to do if she found a resident unresponsive.

An interview with the Health Care Director on at 3:55 PM revealed she did not know why the personnel records for 4 of the 8 resident care aides reviewed did not have training.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on interview and record review the facility failed to have employee applications for employment in 4 of 8 (Employee B, F, G and H) employee files, furnished references for 5 of 8 (Employee A, B, F, G and H) employee files, and a copy of the job description for 2 of 8 (Employee A and H) employee files.

Findings:

A review of employee files showed:

Staff A was hired on A review of Staff A's personnel record showed there were no furnished references or a copy of the job description.

Staff B was hired on A review of Staff B's personnel record showed there was no application for employment or furnished references.

Staff F was hired on A review of StaffF ' s personnel record showed there was no application for employment or furnished references.

Staff G was hired on A review of Staff G's personnel record showed there was no application for employment or furnished references.

Staff H was hired on A review of Staff H's personnel record showed that there was no application for

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employment, furnished references or a copy of the job description.

The Administrator was interviewed. He stated that the business office manager is required to handle the " employee pack " that includes the application, tax information and licensure and certifications.

0162-Records - Resident 58A-5.024(3) FAC
Based on interview and record review the facility failed to obtain a written informed consent for unlicensed staff to assist the residents with self-administration of medications for 3 of 3 residents records reviewed (Residents #4, #16 and 17)

Findings:

A review of residents' recoreds for showed Resident #4 was admitted on , Resident #16 was admitted on and Resident #17 was admitted on . Further review of the records showed Resident #4, #16, and #17's records did not have a signed consent form for unlicensed staff to assist the resident with self-administration of medications in their records.

On at 3:10 PM and interview was conducted with the Administrator. She confirmed that the informed consent forms should be signed and in the resident records for Resdidents #4 #16 and #17.

0167-Resident Contracts 58A-5.025 FAC
Based on record review and interview the facility failed to have a resident contract for 1 of 3 residents reviewed(Resident #16).

Findings:

A review of Reisdent #16's record revealed Resident#16 was admitted to the facility on 01/01/2014. Further review of the record showed no contract signed by the resident or the resident's legal representative at the time of the admission was on file.

On at 11:00 AM an interview was conducted with the Business Office Manager. She confirmed could not find the contract for Resident #16.

Class III