RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

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 2015 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 **. 2015** 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. Men
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953175	02/05/2015
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 - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Extended Congregate Care Services monitoring survey was conducted at Harbor House At Ocala in Dunellon, Florida on , 2015. Deficient practice was identified at the time of the survey. The facility was not in compliance with 58A-5, FAC and Chapter 429, Part I, FS.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on interview, observation, and record review the facility failed to ensure medications were not expired for 1 of 4 sampled residents, Resident #3.

Findings:

Record review of Resident #3's face sheet showed the resident was admitted into the facility on .

An observation was conducted on at 11:27 AM of Staff B, Med Tech (Medication Technician) and it showed the Med Tech provided Resident #3 with Furosimide 40 mg tablet.

An observation of the Furosimide pill container showed an expiration date of . (Photographic evidence collected)

An interview was conducted on at 11:32 AM with Staff B and she stated the pills expired on according to the bottle. We will have to get new ones. It is up to us to check the pill bottle to make certain the medications have not expired.

An interview was conducted on at 11:36 AM with the LPN (Licensed Practical Nurse) and she stated verification the Furosimide bottle showed the pills expired on .

Record review of the Policies and Procedure titled "Disposal of Medications" showed under 3. All medications that are discontinued or expired will be removed from the resident's tray, medication or treatment cart, refrigerator, medication other place of storage.

Record review of the Policies and Procedures titled "Medication Storage" showed under 6. Expired, discontinued and/or contaminated medications will be removed from the medication storage areas and disposed of in accordance with community Policy.

Class III