STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966913	01/27/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harmony Family Home Corp	9245 Sw 208 Terrace Mia i, FL 33189	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 429.26(4-6) Fs; 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0010 - 429.26(1&9) Fs; 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

0000-Initial Comments

A Medicaid Program Integrity and Health Quality Assuarance monitoring survey was conducted on Harmony Family Home Corp had deficiencies found at time of survey.

0008-Admissions - Health Assessment 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on observation, record review, and interview, the assisted living facility failed to ensure 1 out of 3 (resident #4) current residents had an accurate and completed health assessment (AHCA Form 1823).

Findings included:

On on review of resident's #4 file it was revealed that the physician failed to complete the resident health assessment form (1823) completely. Although the physician indicated that the resident required assistance with medication, he failed to identify the extent of help required by the resident. The physician failed to check the box on the 1823 indicating whether resident #4 required assistance with self-administration with medication or whether Resident # 4 required medical management. Both boxes on page 4 section was left un-marked.

On at approximately 11:15 an interview as conducted with the administrator. He stated he was not aware that the 1823 was not completed.

Class III

0010-Admissions - Continued Residency 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation and interview the facility failed to assess whether the facility was able to provide continued care for Resident #1 and Resident #2. According to 58A-5.0181(4) FAC, the administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times.

Findings Included:

On at approximately 10:05a.m., it was observed that Resident#1 and Resident # 2 needed to be assisted to a sitting and standing position as well as assisted in ambulating across the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966913	01/27/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harmony Family Home Corp	9245 Sw 208 Terrace Miami, FL 33189	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

In addition, on at approximately 10:05a.m. bed rails were observed in an up position on resident # 1 bed. When staff# A was asked about the bed rails being up and resident#1 ability to ambulate, staff # A lowered the rail and attempted to show that Resident # 1 was able to ambulate with assistance when out of the bed.

On at approximately 10:20a.m., it was observed that Resident# 1 was unable to sit up without assistance and could not walk without assistance. Resident#1 was unable to stand with any stability even with Staff #assistance. In addition, resident #2 required assistance with sitting up and walking.

at approximately 11:15 a.m., the administrator stated that the facility requires that a staff member sleep overnight in the residents#1 and resident #2 in order to prevent any injuries.

at approximately 10:00 a.m., an interview was conducted with Staff #A, who admitted that she sleep in the Resident #1 and Resident # 2 in order to make sure that she is available in case the two residents needed help during the night.

Class III

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

Based on observation and interview the facility failed to ensure that 2 of the 4 sampled residents (Resident #1 and Resident #2) were free from physical according to 429.41(1)(k),FS. In addition, they failed to ensure that Resident # 1 and Resident #2 be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy without the staff sleeping in the them.

Findings included:

On at approximately 09:35 a.m., during the tour of the facility, hospital beds with full rails were observed in resident# 1 and Resident #2 sleep in the beds with the rails. (See photographic evidence)

On at 11:15 a.m., an interview was conducted with the administrator. He stated that he had prescriptions for the hospital beds found in resident # 1 and resident#2. However, review of the residents' file found no prescription for hospital beds with rails; nor was the administrator able to provide the medical documentation for the hospital beds with rails.

On at 11:15 a.m., an interview was conducted with the administrator and he admitted that they authorized staff# A to sleep in the resident# 1and resident#2. He stated that staff sleeps in the resident#1 and resident#2 as its " easier to care for them and to be closer for the patient who has declined."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966913	**01/27/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harmony Family Home Corp	**9245 Sw 208 Terrace Miami, FL 33189**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview the facility failed to ensure that the residents ' medications were stored securely outside the reach of the residents.

Findings included:

at approximately 11:30a.m., a brown bag was observed stored in a non-locked china cabinet in the dining area. When the administrator was questioned about the bag; he admitted that the bags held medication that was delivered that morning. He stated that he did not have time to put the medication up as he was working in the yard when it arrived so he temporarily stored the medication in the cabinet. (See photographic evidence).

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Harmony Family Home Corp
9245 Sw 208 Terrace
Miami, FL 33189

Dear Administrator:

This letter reports the findings of a Medicaid Program Integrity and Health Quality Assurance monitoring survey that was conducted on , 2015 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com