STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	**03/19/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
HARMONY CARE HOME INC	**534 SE THANKSGIVING AVE PORT SAINT LUCIE, FL 34984**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Limited Nursing Services Monitoring survey was conducted at Harmony Home Care Assisted Living Facility on and . The facility had deficiencies identified at the time of the survey.

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on observation and interview, it was determined the facility failed to ensure the facility's census did not exceed the approved licensed capacity. As evidence of the facility currently having 7 residents residing in the facility.

Findings include:

The surveyor arrived at the facility on at 07:55 am and asked Employee #9 to provide the names of the residents. Employee #9 identified by pointing to each of the seven residents (R#1-#7) and stating their names for this surveyor. She stated that R#3 was the last resident admitted to the facility about a month ago, which caused the facility to have a census of 7 resident. Review of the facility's license confirmed that the facility was licensed for 6 bed. The surveyor physically checked each of the five and counted 7 beds.

During an interview with Employee #9 at 9:30 AM on confirmed Resident #3 lives at the facility and that the facility provides meals and assistance with his/her medications daily. Review of Resident #3 MOR confirmed the facility provides daily medication assistance to this resident and 6 other residents (Resident #1, #2, #4-#6). Review of the facility admission and discharge log revealed R#3 was not listed.

The Owner arrived at the facility on at approximately 9:15 AM and confirmed that while it was only licensed for 6 bed, he had admitted a 7th resident , # 3 to the facility

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

Based on observation and interview, the facility failed to ensure that unlicensed staff followed the appropriate procedures for assisting residents with their medications, for 1 out of 1 resident observed during the medication pass. As evidence of unlicensed staff member administering to Resident #4.

Findings include:

During observations of the medication pass with Employee #8 on at 9:12 AM the following was observed. Employee # 8 was observed drawing up 30 units of regular and injected it into the left upper arm of Resident # 4. When the surveyor asked the employee why the resident did not draw up and administer his own the

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0052 Continued From page 1

resident stated that he could not do it due to his Parkinson tremors. He stated he had been able to inject himself when he had the pen. Employee #8 stated she was unaware that she could not administer the for the resident as this required a nursing license. Further interview with Employee #8 revealed she also conducts sugar monitoring for this resident as well. Review of Resident #4's Physician Orders confirmed that he was to receive 30 units sq every morning.

Class III

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

Based on observation and interview, the facility failed to secure medications for 1 of 1 medication cabinet.

Findings include::
The surveyor arrived at the facility on at 7:55 AM . A Employee #9 let the surveyor into the building and then returned to assist a resident. The surveyor asked where the medication were stored and the staff person stated that they were in the office in a cabinet. The surveyor entered the office through the open door and observed the medication cabinet with the key in the lock.

At 9:05 AM, a second staff person arrived (Employee #8), who when asked, stated that she assists with medications. The surveyor asked the Medication staff person to show her where medications were kept. The second staff person escorted the surveyor to the office and showed her the cabinet. She confirmed that the key should not be left in the cabinet door and unsecured.
]
The Owner of the facility arrived at approximately 9:15 AM and again confirmed that the key to the medication cabinet should be secured and not left in the door to the cabinet.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure that all staff persons providing medication assistance completed medication training update on an annual basis, for 1 of 1 medication assistants (Emloyee # 8).

Findings include

During observations of the medication pass with Employee #8 on at 9:12 AM the following was observed. Employee # 8 was observed drawing up 30 units of regular and injected it into the left upper arm of Resident # 4. When the surveyor asked the employee why the resident did not draw up and administer his own the resident stated that he could not do it due to his Parkinson tremors. He stated he had been able to inject himself when he had the pen. Employee #8 stated she was unaware that she could not administer the for the

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0084 Continued From page 2

resident as this required a nursing license. Further interview with Employee #8 revealed she also conducts sugar monitoring for this resident as well. Review of Resident #4's Physician Orders confirmed that he was to receive [redacted] 30 units sq every morning.

Record review of Employee #8's personnel file revealed the last completed medication training was in 2013 (4 hours), no training for 2014 could be located. During an interview with Employee #8, at this time, she stated she knew she needed to complete the training immediately in order to comply with the regulations.

Class III

Z821 - Reporting Requirements; Electronic Submission - 59A-35.110, FAC

Based on observation, record review and interview, it was determined the facility failed to notify the state agency regarding a Change in the appointed Administrator. As evidence of the facility failure to notify the Agency that Employee #10 (former Administrator) had been terminated.

Findings include:

Review of the Agency's website revealed Employee #10 as the appointed Administrator for the facility. During an interview with Employee #9, it was revealed that the Administrator of record (Employee #10), no longer worked at the facility and that she would call the owner, to let him know that the state agency representative had arrived. At 9:15 AM, the Owner arrived and confirmed that the Administrator (Employee #10) of record had been terminated in [redacted] 2014 and that he had not notified the state agency of this change. The Owner also confirmed that the facility had not appointed a new Administrator to oversee the facility and that he was currently overseeing the facility. He stated that one of his staff was completing CORE training, but had not finished as of [redacted]. The Owner confirmed that he was aware that he needed to notify the state agency of the change and agreed to do so immediately.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Harmony Care Home Inc
534 SE Thanksgiving Ave
Port Saint Lucie, FL 34984

RE: Monitoring Survey

Dear Administrator:

This letter reports the findings of a Monitoring survey that was conducted on , 2015, , 2015 and 2015 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

Delray Beach Field Office
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