STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910117	**03/18/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
HARMONY RETIREMENT LIVING, INC	**1411 EL PASO AVENUE ORLANDO, FL 32806**	

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

0000 - Initial Comments

A monitoring visit for Extended Congregate Care (ECC) was conducted on Harmony Retirement had deficiencies found at the time of the visit.

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observations and interviews the facility failed to ensure that a written work schedule which reflected a 24-hour staffing pattern for a given time period was maintained and failed to ensure that a staff member who had completed courses in First Aid and and held a currently valid card documenting completion of such courses was in the facility at all times.
Findings:
During the facility tour on at approximately 9:30 AM staff #A stated the administrator was out. She and staff # B were the caregivers present in the facility. Observations noted that 4 residents lived in the facility.
Review of the staff schedule dated for 18-29, 2015 revealed the staff schedule was a calendar with staff names written each day of the week. The schedule did not indicate the hours each staff were assigned to work. The schedule did not indicate the beginning and the end of each shift. One of the staff listed on the calendar was off.
In an interview with the administrator at approximately 12 PM who stated one staff needed the day off and confirmed the schedules did not indicate hours worked.
Personnel record review at approximately 11 AM revealed that staff #A had and First Aid certification that expired on
Personnel record review at approximately 11 AM revealed that staff #B he had no evidence to confirm First Aid certification. He had certification valid thru
In an interview with the administrator on at approximately 11:30 AM who stated the staff she did not realize the certification for staff #A had expired and that staff #B needed First Aid training.
Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on personnel record review and interview the facility failed to ensure 1 of 2 sampled staff (B) who was in direct contact with limited mental health (LMH) residents received the required training.
Findings:
Observations on at approximately 9:30 AM noted the facility posted by the common area indicated the facility held a Limited Mental Health license as well as an Extended Congregate Care (ECC) license.
Personnel record review at approximately 10:30 AM revealed staff B was hired on Continued review revealed she was a caregiver. There was no evidence to confirm that she had completed the 6 hours Limited Mental Health (LMH) training provided by or approved by the Department of Children and Family Services, within 6 months of hire.
In an interview with the administrator on at approximately 3 PM with the administrator/owner who validated the findings and stated that no LMH training seemed to have been given this year as she did not received a flier.
Class III

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Harmony Retirement Living, Inc
1411 El Paso Avenue
Orlando, FL 32806

Dear Administrator:

This letter reports the findings of a state licensure 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 Lorraine Henry at 407-420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

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