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 Revisit Survey conducted on
3, 2015 by a representative of this office.

Enclosed is the provider's copy of the State (3020) Form, which indicates the uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than 2015.**

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. Mennella
Field Office Manager

KJM/amw
Enclosure

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AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953175	R
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Follow Up Extended Congregate Care Services monitoring survey was conducted at Harbor House At Ocala in Ocala, Florida on . 2015. Licensure deficiencies were identified as a result of the survey. The facility was not in compliance with 58A-5, FAC and Chapter 429, Part I, FS.

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

Based on observation and interview, the facility failed to to properly assist 1 of 4 residents observed with the self-administration medications by not preparing the medications in the presence of the resident and failing to read the label in the presence of the resident (Resident #5).

Findings:

On at 11:30 AM Staff B was observed during a medication pass for Resident #5. Staff B took the pack of medications and popped them out into a medicine cup while her back was to the resident. Staff B took the medicine cup and a cup of water to the resident. The resident took the medication. Staff B did not read the label in the presence of the resident. Staff B did not inform the resident on which medication she prepared for him.

observation revealed that the med tech failed to take the original container of prescribed medications to the resident, failed to read the label to the resident and failed to take the medication out of the original container in front of the resident.

An interview was conducted on at 11:35 AM with Staff B. She stated that she was suppose to wash her hands before she started. She further stated that she was suppose to take the medication card over to the resident and read it in front of the resident. She was also suppose to take it out of the card in front of the resident. She stated that she knew the she did it wrong.

Class III

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

Based on observation, interview and record review, the facility failed to dispose of medications within 30 days of the expiration date for 2 of 6 sampled residents (Resident #8 and #9).

Findings:

On at 11:08 AM observation of the Medication Cart 1 showed a container of pills for Resident #8, with an expiration date of (Photographic evidence obtained). Observation of the medication refrigerator

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HARBOR HOUSE AT OCALA	**12080 S.W. HIGHWAY 484 DUNNELLON, FL 34432**	

SUMMARY STATEMENT OF DEFICIENCIES
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0055 Continued From page 1

revealed a Lantus Vial for Resident #9 that showed an expiration date of (Photographic evidence obtained).

An interview was conducted on at 11:15 AM with the LPN. She confirmed that the expired on . At 12:30 PM the LPN confirmed the Lantus Vial expired on

A record review of the facility policy entitled: Medication Management Plan (Page 100, #5, c.) states, "Expired medications that are expired, discontinued, resident is shall be stored separately from the active medications until disposed of."

A record review of the facility policy entitled: Disposal of Medications (Page 4) states, "Medications and treatments that cannot be returned to the pharmacy (i.e. unused, outdated or recalled medications)....are destroyed and disposed of in accordance with applicable State and Federal laws and regulations."

Class III