STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964835	05/04/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
HARMONY PLACE	11937 NW 31ST STREET CORAL SPRINGS, FL 33065	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on at Harmony Place. The facility had deficiencies found at the time of the visit

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 1 out of 6 staff members (Staff A) received the initial 4-hour training on Assistance with Self-Administered Medication and Medication Management.

The Findings Include:

On at 3 PM, observations revealed that Staff A assisted Resident # 5 with self- administered medications. On a record review of Resident # 5's Medication Observation Record (MOR) confirmed Staff A's initials documented on the MOR after she assisted Resident # 5 with medications on at 2 PM.

A record review of Staff A's personnel file, revealed a hire date of as a certified nurse assistant. Staff A's file found no documentation of 4 hours of training in Assistance with Self-Administered Medication and Medication Management.

During an interview conducted on at 1:15 PM, Staff A stated she remembered taking the initial 4- hour training in medication management but currently did not have the document available in the facility.

In an interview with the Administrator on at 2:30 PM,she acknowledged the finding and stated their was no further documentation available for review.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on interview, record review and observation, the assisted living facility (ALF) failed to have an adequate 3-day emergency supply of nonperishable food and water for residents residing in the facility.

The findings include:

On at approximately 12:15 PM, observations found the ALF did not follow the emergency disaster plan menu for all items listed. Observations found the facility does not have an adequate 3- day emergency supply of nonperishable food and water that is consistent with items listed on the facility's emergency disaster supply list (Copy obtained). Further observations of the emergency supply revealed the facility lacked 24 gallons of water supply, 384 ounces of dry or can milk, and 192 ounces of fruit juices.

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0093 Continued From page 1

In an interview on [redacted] at approximately 2:30 PM with the Administrator, she acknowledged the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Harmony Place
11937 NW 31st Street
Coral Springs, FL 33065

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 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 **06/11/2015** 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 representative. Should you have any questions please call this office at (561)381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com