STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	09/03/2015

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 Relicensure survey was conducted on 3, 2015 at Harmony Care Home Inc.
The facility had deficiencies found at the time of the visit.

0007 Admissions - Criteria

Based on record review and an interview, the facility failed to ensure a health assessment (AHCA Form 1823) was completed by a health care provider based on an exam, for 2 of 2 sampled residents (Resident #1 and #3).

The findings include:

On / /, the records for Resident #1 and #3 were reviewed. The residents' health assessments were not completed either 60 days prior to admission or 30 days after admission. The following missing information was identified:

a) Resident #1 was admitted to the facility on . There was no health assessment available for review.

b) Resident #3 was admitted to the facility on / / . There was a health assessment on file with no date of exam documented. The form did not indicate the level of care the resident needed for dressing. The assessment inaccurately showed the resident required "total care" for transfers and toileting. It was not indicated whether or not the resident required 24 hour nursing or care or if the resident was appropriate for ALF placement (blank yes/no questions). There was no documentation of whether or not the resident required assistance with medication. Page #3 was blank, with no markings of the care levels needed for self-care tasks and oversight. And, the health care provider's information (other than a signature) was not listed.

During interview with the administrator at 1:15 PM on , she acknowledged that she had not received a completed assessment for Resident #1 and that Resident #3's assessment had not been reviewed for accuracy and completion. No additional documentation was presented at this time.

Class III

0080 Training - Core & Competency Test

Based on record review and an interview, 1 out of 3 sampled staff, the facility administrator (Staff C)

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NAME OF PROVIDER OR SUPPLIER HARMONY CARE HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 534 SE THANKSGIVING AVE PORT SAINT LUCIE, FL 34984	

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

failed to complete the core training requirements.

The findings include:

On 9/3/15, the personnel file for the administrator (Staff C) was reviewed for completion of core training dated within 3 months of hire. The file contained a certificate showing the training was completed on / /. There was no documentation (core training card) available to show the exam was taken and passed. During interview with the administrator at 1:15 PM. she stated she had not taken the core training exam. She acknowledged her date of hire was / / and that she had not completed the core training requirements within 3 months of hire as required. No additional documentation was presented at this time.

Class III

0093 Food Service - Dietary Standards

Based on record review and interviews, the facility failed to ensure the menu to be used for residents' meals was approved by a dietician annually; and, failed to ensure the menu was followed, with substitutions of equal nutritional value noted before or at the time the meal is served.

The findings include:

On / at 11:00 AM, Staff A asked this surveyor, "What would you like for me to cook?". The administrator stated to Staff A, "I think there's pork chops in there." Staff A prepared and served pork chops, mashed potatoes and mixed vegetables to the residents for lunch.

During review of the menu posted on the bulletin board, it was revealed the approval of the menu by the registered dietician was dated / / (more than a year ago).

The administrator and Staff A stated during interview at 1:15 PM that the menu was not followed. When asked where the substitutions were documented if the menu was followed and they needed to substitute any items with nutritionally equivalent items, the administrator stated, "We used to do that." There was no documentation of substituted menu items available for review.

Class III

Z815 Background Screening: Prohibited Offenses

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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)

Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled staff (Staff B) who provided personal care services for residents was in compliance with the Level II criminal background screening requirement.

The findings include:

The personnel file for Staff B was reviewed for documentation of compliance with the Level II criminal background screening requirement. There was no documentation of this screening on file. There was no record of a completed screening on the Agency's background screening website. The administrator was interviewed at 1:15 PM on / and stated the employee was recently hired on / and worked the overnight shift. She stated the employee was supposed to bring in her background screening results and confirmed that the documentation was not present and available for review. Another interview with the administrator was conducted on / at approximately 12:00 PM. She acknowledged that she was unable to show that Staff B completed a criminal background screening and that she was no longer employed by the facility.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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/dmb

XG90

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