STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	10/16/2015
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)

0000 Initial Comments

Unannounced complaint surveys, CCR 2015007720 and 2015009487, were conducted on 10/16/15 at Harmony Home Care Inc. The facility had deficiencies found at the time of the visit.

The following citations were issued:
CCR 2015007720 cited at A025, A032, A081
CCR 2015009487 cited at A054, A084
Also issued citations at A162

This survey was conducted in conjunction with a revisit survey. Reference the separate report.

0025 Resident Care - Supervision

Based on observations, interviews and record review, the facility failed to provide adequate supervision for the 6 residents currently living at the Assisted Living Facility (ALF) by leaving the residents with the Lead Caregiver's babysitter.

The findings include:

This writer arrived at this ALF on at 8:45 AM for the purpose of conducting a revisit survey and two complaint inspections. She was greeted at the door by a young man who identified himself as a friend of Employee B. At 9:03 AM, Employee B, the he was identified by Employee B, the ALF's Lead Caregiver, as her personal babysitter. She stated he was asked to stay at the ALF for a few minutes while Employee B went home for a short period. In an interview conducted at 9:10 AM, Employee B acknowledged he was not an employee of the ALF. Review of employee records revealed there was no employee records available for this person.

Class III

0032 Resident Care - Elopement Standards

Based on record review and interview, the facility failed to development and implement required policies and procedures related to resident elopements.

The findings include:

Review of the facility's elopement policies and procedures conducted revealed no

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documentation showing the facility developed and implemented required policies and procedures related to resident elopements. There was also no documentation showing facility staff received the required two elopement drills per year.

In an interview conducted at 2:05 PM, Employee A stated other than information given to residents and employees at the time of admission or hire, she could not locate any written policies and procedures related to resident elopements or staff drills for review.

Class III

0054 Medication - Records

Based on observations, record review and interviews, the facility failed to ensure accurate medication observation records (MOR's) for 1 of 3 sampled Residents (#1).

The findings include:

medication review conducted for Resident #1 on revealed written Health Care Provide (HCP) orders for the following medications:

1. ( ) 5 milligrams (MG) as needed for dated .
2. ( ) 10 MG at hour of sleep dated /
3. ( ) 10 MG at hour of sleep dated .

Further review of Resident #1's MOR's revealed the following concerns:

1. There were no entries for the 5 MG doses on the and MOR's. There was no explanation on the reverse side of the MOR.
2. Entries for the 10 MG doses on the 2015 MOR were missing for 8/1, 8/2, 8/3, 8/5, 8/6 and through . There were no explanations on the reverse side of the MOR.
3. A duplicate entry for the 10 MG doses was written on the 2015 MOR and staff were initialing both entries. There was no explanation on the reverse side of the MOR.
4. The entry for on the 2015 MOR was crossed out and marked "discontinued, switch to Lunesta" although there was no written HCP order discontinuing this medication. There was no explanation on the reverse side of the MOR.
5. Charting on a Controlled Drug Record form contained 15 sets of double, confusing dates and two entries were crossed out with no explanation. The form was being used in lieu of a MOR. There was no explanation on the reverse side of the form.

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This was discussed and acknowledged by Employee B on in an interview conducted 10/16/15 at 2:02 PM. She had no explanation for why the records were inaccurate, incomplete and confusing.

Class III

0081 Training - Staff In-Service

Based on record review and interviews, the facility failed to ensure facility staff received required training for 2 of 3 sampled personnel files (Employees B and C).

The findings include:

Personnel file review conducted revealed the following concerns:

1. Review of Employee B's personnel records revealed no documentation showing she received training in the areas of reporting adverse and major incidents, facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, and facility resident elopement response policies and procedures within 30 days of employment.

2. Review of Employee C's personnel records revealed no documentation showing she received training in the areas of reporting adverse and major incidents, facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, facility resident elopement response policies and procedures within 30 days of employment.

This was discussed and acknowledged by Employee B in an interview conducted / at 2:02 PM.

Class III

0082 Training -

Based on record review and interview, the facility failed to ensure facility staff received required training for 1 of 3 sampled personnel files (Employee C).

The findings include:

Review of Employee C's personnel file review conducted / revealed no documentation showing she received training in the area of and within 30 days of employment.

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This was discussed and acknowledged by Employee B in an interview conducted 10/16/15 at 2:02 PM.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview, the facility failed to ensure facility staff received required training for 1 of 3 sampled personnel files (Employee C).

The findings include:

Review of Employee C's personnel file review conducted / revealed no documentation showing she received the required four hours of training by a Registered Nurse or Licensed Pharmacist in the area of Assistance with Self-Administration of Medications before assisting residents with self-administration of medications.

This was discussed and acknowledged by Employee B in an interview conducted at 2:02 PM.

Class III

0162 Records - Resident

Based on record review and interview, the facility failed to ensure weights were recorded every six months for 1 of 3 sampled residents (#1).

The findings include:

Review of Resident #1's record conducted / revealed the following information. He was admitted to the facility on and left the facility on / . His weight record documented no weights from through / . In an interview conducted / / at 2:20 PM, Employee B, the Lead Caregiver acknowledged the lack of weights.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015007720 & CCR #2015009487

Dear Administrator:

This letter reports the findings of complaint surveys that were 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
Enclosure
XG90

Delray Beach Field Office
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