RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Harmony House at Ocala
5762 S.W. 60th Avenue
Ocala, FL 34474

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by s representative of this office.

Enclosed 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 surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

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14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911084	10/14/2015
NAME OF PROVIDER OR SUPPLIER **HARMONY HOUSE AT OCALA**	STREET ADDRESS, CITY, STATE, ZIP CODE **5762 S.W. 60TH AVENUE** **OCALA, FL 34474**	

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

0000 Initial Comments

An unannounced Extended Congregate Care (ECC) Monitoring visit was conducted on , 2015 at Harmony House of Ocala, 5762 SW 60th Avenue, Ocala, FL. Discernible deficiencies were found during the visit.

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on observation, interview and record review, the facility failed to ensure that 1 of 3 staff (Staff C), who assists with self-administration of medications, received the required 2 hours of annual updated training for assistance with self-administration of medications.

Findings:

An interview was conducted on , 2015 at 10:25 AM with Staff C. She stated that she is a Resident Care Aid, she is not a licensed nurse. She stated that she assists with self-administration of medications.

An observation was conducted on , 2015, from 8:35 AM to 3:55 PM, during the survey visit, of Staff C on the premises of the facility and working.

Review of Staff C's employee record showed hire date of , 2014. Further review of Staff C's employee record showed documentation of initial 4 hours of assistance with self-administration of medications on , 2014. Further review of Staff C's employee record showed no documentation of 2 hours of annual updated training for assistance with self-administration of medications.

An interview was conducted on , 2015 at 3:38 PM with the Administrator. He confirmed that there is no documentation that Staff C received the 2 hours of annual updated training for assistance with self-administration of medications in her employee record. He stated he believes that Staff C received the 2 hours of annual updated training for assistance with self-administration of medications while she was an employee at Haven House Assisted Living Facility, which is owned by the same company. He stated they contacted Haven House Assisted Living Facility, but Haven House Assisted Living Facility was unable to provide documentation that Staff C received the 2 hours of annual updated training for assistance with self-administration of medications.

Class III

0089 /Other - Special Care

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911084	10/14/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY HOUSE AT OCALA	**5762 S.W. 60TH AVENUE OCALA, FL 34474**

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

Based on observation, interview, and record review, the facility failed to ensure that 1 of 3 staff (Staff C) received the required Level II Training within 9 months of employment for staff providing care to residents in a facility that advertises as providing care to residents and operates a facility with a secured unit.

Findings:

An observation was conducted on , 2015 at 8:55 AM, during the tour of the facility, of signage at the entrance to the facility stating the facility is a "Memory Care Facility." Also during the facility tour, an observation was conducted that showed the facility is a secured facility, requiring security codes to enter and exit the main doors, and security codes to enter and exit different sections in the interior of the facility.

An observation was conducted on , 2015, from 8:35 AM to 3:55 PM, during the survey visit, of Staff C on the premises of the facility and working.

Review of Staff C's employee record showed hire date of , 2014. Further review of Staff C's employee record showed documentation of Level I Training on , 2014. Further review of Staff C's employee record showed no documentation of Level II Training for Staff C.

An interview was conducted on , 2015 at 3:31 PM with the Administrator. He confirmed that there is no documentation contained within the employee record of Staff C that she completed Level II Training. He stated he believes that Staff C received the Level II Training when she was an employee at Haven House Assisted Living Facility, which is owned by the same company. He stated all of the residents at his facility are memory care residents. He stated his facility is a secured facility.

Class III

E210 ECC - Training

Based on observation, interview, and record review, the facility failed to ensure that 1 of 1 staff (Administrator), designated as the Extended Congregate Care (ECC) Supervisor, received the required 4 hours of initial ECC Training within 3 months of receiving the ECC license designation or within 3 months of employment.

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911084	10/14/2015
NAME OF PROVIDER OR SUPPLIER **HARMONY HOUSE AT OCALA**	STREET ADDRESS, CITY, STATE, ZIP CODE **5762 S.W. 60TH AVENUE** **OCALA, FL 34474**	

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

An observation was conducted on , 2015 at 8:55 AM, during the tour of the facility, of the facility license, which showed designation of Standard Care with ECC.

Review of the Administrator's employee record showed a hire date of _____ 1, 2014. Further review of the Administrator's employee record showed no documentation that the Administrator received the initial 4 hours of ECC Training.

An interview was conducted on _____, 2015 at 3:44 PM with the Administrator. He stated he is the facility's ECC Supervisor. He stated that he received the 4 hours of initial ECC Training after he was hired on _____ I, 2014. He stated he received the training from Vanguard Pharmacy, but he is unable to find the documentation to show that he received the training.

Class III