STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910117	01/19/2016
NAME OF PROVIDER OR SUPPLIER **HARMONY RETIREMENT LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1411 EL PASO AVENUE ORLANDO, FL 32806**	

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

0000 Initial Comments

Re-licensure survey with Extended Congregate Care and Limited Mental Health was conducted on / . Harmony Retirement Living , Inc. had deficiencies at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to ensure that 1 of 2 sampled residents had a completed health assessment that addressed all the required criteria (#3).
Findings:
Resident record review for resident #3 revealed that page 4 of the health assessment report AHCA form 1823 was not available. Continued review revealed the assessment did not indicate if the resident was at risk of elopement or not that portion of page 1 was blank.
In an interview with the Administrator on / at 3:30 PM, who stated she overlooked the form.
Class III

0078 Staffing Standards - Staff

Based on personnel record review and interview the facility failed to obtain yearly verification of freedom from ( ) for 3 of 3 sampled staff (B).
Findings:
Individual personnel record review revealed the following:
Staff A had a test result dated /
Staff B had a test result dated
Staff C had a test dated
Continued review revealed no evidence to confirm that the 3 staff provided the facility evidence of freedom from yearly (due 2015).
In an interview with the Administrator on / at 3 PM who stated she thought the files were up-to-date and she overlooked the test dates.
Class III

0162 Records - Resident

Based on observations, record review and interview the facility failed to ensure that 1 of 2 sampled resident records (#3) contained all the required components.
Findings:
In an interview with resident #3 on / at approximately 11:00 AM who indicated the facility staff assisted him with his medications.

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

Record review for resident #3 revealed a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., dated / , however it did not indicate whether or not the facility staff would or not be overseen by a nurse.
In an interview with the Administrator on / at 3:30 PM, who stated she overlooked the form.
Class

0167 Resident Contracts

Based on record review and interviews the facility did not make sure the resident contracts for 2 of 2 sampled residents, contained all the required components (1 & 3)
Findings:
Resident record review for resident #1 revealed the contract did not contain a provision regarding the Extended Congregate Care services the facility intended to provide and the cost of those services.
Resident record review for resident #3 revealed the contract did not contain a refund policy that conformed to Section 429.24(3), F.S, and did not indicate that if the facility intended to make a claim against a refund due to a resident the facility must inform the resident or representative notice of such claim and allow no less than 14 days to respond to the claim.
In an interview with the administrator on at approximately 1:30 PM, who stated she overlooked the revised contract and must have used an outdated contract.
Class III

E203 ECC - Staffing Requirements

Based on record review and interview the facility did not have a nurse to provide nursing services, participate in the development of resident service plans and perform monthly nursing assessments for Extended Congregate Care (ECC) residents.
Finding:
In an interview with the Administrator / at approximately 10:30 AM who stated she was trying to get a contract with a staffing agency to provide her with a Registered Nurse for ECC. The contract that she had with a Home Care/Staffing agency was not valid anymore, as that agency lost their license; they are closed.
The facility had a contract with the Home Care/staffing Agency dated /
The Agency's facility locator Internet web-site indicated the Home Health Agency's license expired on / and was in review. A telephone call was placed to the agency and the phone was out of service.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Harmony Retirement Living, Inc
1411 El Paso Avenue
Orlando, FL 32806

RE: Relicensure w/Extended Congregate Care & Limited Mental Health

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) 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 , 2016.** 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(s). Should you have any questions please call Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

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