STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968808	**01/29/2016**
NAME OF PROVIDER OR SUPPLIER **HARMONY CARE HOME II**	STREET ADDRESS, CITY, STATE, ZIP CODE **372 SW TODD AVENUE PORT SAINT LUCIE, FL 34983**	

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

0000 Initial Comments

An unannounced Limited Nursing Services Monitoring survey was conducted at Harmony Care Home II on 1/29/16. Harmony Care Home II had no deficiencies identified at the time of the survey.

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to ensure that medications were secured for one of one medication cabinets.
Findings include:
The surveyor entered the facility on 1/ at 8:02 AM. Directly in front of the resident, the surveyor observed a medication cabinet with the key visible in the lock. The owner of the facility was observed to be standing next to the medication cabinet. A resident was observed to be seated on a sofa to the opposite the medication cabinet. The surveyor conducted a tour of the facility with the Owner of the facility which was completed at 8:32 AM. The surveyor then asked the staff person, who was standing in the kitchen to show the surveyor the keys to the medication cabinet. The staff person exited the kitchen, walked over to the medication cabinet and pointed to the keys that were in the cabinet lock. The Surveyor asked the staff person if the keys should be left in the lock or secured and unavailable to visitors and/or other residents. The staff person stated that she had only been working for one week and didn't know the answer. The Surveyor informed the staff person that the key needs to be secured and unavailable to either visitor,other staff and/or residents. The Administrator confirmed that the facility failed to ensure that the medication cabinet keys were secured.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to ensure that a mirrored closet door was repaired for one of 2 mirrored closet doors. ( )

Findings include:

The surveyor conducted a tour of the facility on 1/ starting at 8:03 AM, accompanied by the owner of the facility. The surveyor observed double mirrored closet doors in . The mirror on the left door was intact, however the mirror on the second door had multiple irregular cracks running from the top right corner to the bottom left corner, the diagonal length of the mirror. There were more than 5 diagonal cracks in the mirror. The Administrator stated that one of the residents into the closet doors, which caused the cracks in the mirror. He confirmed that the cracked mirrored door was not safe

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and that he planned to replace the door, but had failed to do so in a timely manner. The Owner confirmed that the facility had failed to replace the cracked mirror closet door, which was a safety risk to the two residents who resided in the room.

An interview was conducted with Resident # 1 on / at approximately 8:46 AM. The resident confirmed that she resides in . The resident was asked what happened to the mirrored closet door. She stated that she and when her body hit the mirror it caused the cracks. When asked when this occurred, the resident stated it had been 2 or 3 weeks ago.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Harmony Care Home Ii
372 SW Todd Avenue
Port Saint Lucie, FL 34983

Dear Administrator:

This letter reports the findings of a state licensure LNS survey that was conducted on 29, 2016 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 , 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Davis
Field Office Manager

AMD/jw

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