RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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 , 2016 by a 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 , 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 . Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Charles Bourg for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911084	03/16/2016
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

On , 2016 an Extended Congregate Care (ECC) monitoring survey was conducted at Harmony House At Ocala Assisted Living Facility. Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on interview and record review, the facility failed to ensure a Resident Health Assessment (AHCA Form 1823) was complete for 1 of 2 sampled residents (Resident #1).
Findings:
Record review of the Resident Health Assessment (AHCA Form 1823) for Resident #1 showed the form dated , but the form was not complete. The 1823 did not specify the supervision needs for ambulation, eating, toileting, and transferring, and the assistance needed for bathing, dressing, and self-care ( ). The form also didn't show the assistance needed for preparing meals, shopping, making phone calls, handling personal affairs, and handling financial affairs.
During an interview conducted on at 11:32 AM with the Licensed Practical Nurse, she stated this is the only 1823 for the Resident. The form doesn't provide the amount of assistance and supervision needed for the activities of daily living.

Class III

0010 Admissions - Continued Residencv

Based on interview and record review, the facility failed to ensure a Resident Health Assessment (AHCA Form 1823) was completed for a significant change in condition for 1 of 2 sampled residents (Resident #1).
Findings:
Record review of the Resident Health Assessment (AHCA Form 1823) for Resident #1 showed the 1823 was completed on . There was not an updated assessment completed since the identification of the significant change of to the Resident's hips.
During an interview conducted on at 11:32 AM with the Licensed Practical Nurse, she stated this is the only 1823 for the resident. The assessment was not updated when the Resident #1 had a significant change when she was found to have to her hips. She stated Resident #1 has had the since before I started working here. I have worked here since of 2014.

Class III

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0030 Resident Care - Rights & Facility Procedures

Based on observation, interview, and record review, the facility failed to ensure residents' rights were honored for a home-like environment on the secured unit for a couch that was in disrepair. Further, the facility failed to ensure a physician's order was provided for care for 1 of 2 residents sampled, Resident #1.

Findings:

1. An observation was conducted on at 9:28 AM of the secured unit and it showed there were residents observed in the common living area sitting on the couch.
An observation was conducted on at 12:17 PM of the couch on the secured unit and it showed there was a large tear to the middle cushion exposing the foam cushion. The right arm rest was covered in tape, and there were areas on all three cushions missing the top layers of fabric. (Photographic Evidence)
During an interview conducted on at 12:38 PM with the Administrator he stated, " I have been trying to get the couch replaced. The corporate office told me if it was a safety concern they would replace it sooner." When asked if the Administrator would use that couch in his home he stated, "I would not have that couch in my home." The Administrator further stated, "The couch needs to be replaced and is in bad shape. The residents will pick at the fabric until it is off, and they tore the cushion. I told the corporate office we need furniture that has more durable fabric."

2. Record review of the Hospice Nursing Clinical Notes showed Dated: Right hip . Measurements 1 X 1.5. Cleanse with cleanser, dry, apply arglaes powder, Optifoam gentle 2 X W (two times a week) and PRN (as needed).
Record review of the Physician's orders showed there was no order for care to the right hip.
During an interview conducted on at 11:32 AM with the Director of Nursing she verified there was no order in the Resident's record for care to the right hip. "I wasn't aware there was an open area to her right hip."
An observation was conducted on at 1:29 PM of Resident #1 and it showed there was a 4 X 4 optifoam dressing to the right hip that was not dated or initialed.
During an interview conducted on at 1:48 PM with the Hospice RN (Registered Nurse) via telephone she stated we do not have an order to have a dressing on the Resident's right hip. When it was stated there was documentation of a dressing being applied to the right hip on and , the dressing observed was the dressing that was documented on the clinical note. The RN stated we will be coming out and we will assess the right hip. We do not as of this time have an order for a dressing to the Resident's right hip.
An observation was conducted on starting at 4:36 PM with the Hospice LPN (Licensed

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Practical Nurse) providing care for Resident and it showed the LPN removed an optifoam dressing from the Resident's right hip.
During an interview conducted on at 4:44 PM with the Hospice LPN she stated the dressing that was on the Resident's right hip was put there by the nurse from Hospice on . . . There is no order for the dressing, I don't have one. I will have to call the physician and get an order.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the facility failed to ensure unlicensed staff were not administering medications for 1 of 1 residents observed (Resident #1).

Findings:

An observation was conducted on starting at 9:20 AM of Staff A, Medication Technician (MT) for assistance with medication administration and it showed the MT pushed the medications from the packs into a medication cup. The MT took the medications to the Resident #1's , and stated, "Here are your medications," and handed the medication cup to the Resident #1.

During an interview conducted on at 9:29 AM with Staff A, he stated, when asked if there were any concerns with assistance with the medication observation, "I should have stated the medications to the resident, and I should not have removed them from their packs until I was in front of the resident."
During an interview conducted on at 12:38 PM with the Administrator he stated, "It is part of their training. They show it right on the video. The MT is to take the medications to the resident and tell them what the medications are."
Record review of the Policy and Procedures titled, "Nine (9) Right of Medication Administration in ALFs," (Assisted Living Facilities) showed Right Medication-check medication label and order three times. Check MOR (Medication Observation Record), check label, then check MOR with label. Read the label to the resident and verify the resident understands the drug dosage and reason for use, if known.

Class III

Z815 Background Screening: Prohibited Offenses

Based on interview and record review, the facility failed to ensure a level II background screen was completed for an employee who had a greater than 90 day break in employment for 1 of 5 sampled

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employees (Staff A).
Findings:
Record review of the personnel record for Staff A, Medication Technician (MT)showed a hire date of .
Record review of the Level II Background Screen showed dated /.
Record review of the employee's application showed he worked at another assisted living facility from 2010 to 2014.
During an interview conducted on at 1:06 PM with the Administrator, he stated, "I was about the 90 day break in employment. I thought if the clearinghouse showed they were eligible, the employee was eligible. I didn't know that if a person I am considering hiring had a greater than 90 day break in employment from a position requiring a level II background screen they were required to have another screen. I thought it was every five years."
During an interview conducted on at 1:12 PM with Staff A, he stated "The last time I worked for the other assisted living facility was on a full time basis about two to two and a half years ago. I did not stay on with them on an as needed basis after I left." The employee further stated "It was around or of 2014 when I left. I know because I was waiting for my income tax return before I left the position."

Unclassified