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 revisit survey conducted on , 2016 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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 Boyd for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

BBT7

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911084	R
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 a follow-up survey was conducted on Extended Congregate Care (ECC) Survey conducted on at Assisted Living Facility Harmony House at Ocala. Deficient practice was identified for two new deficiencies. The facility was not in compliance at this time.

0054 Medication - Records

Based on observation, record review, and interview, the facility failed to maintain a correct medication observation record (MOR) for 1 of 5 residents (Resident #6).

Findings:

On at 1:00 PM, a medication observation was conducted of the Med Tech assisting Resident #6. The Med Tech assisted Resident #6 in taking 0.5 tablet.

During the review of the medication label and MOR for Resident #6, it was observed they did not match. The prescription label stated: 0.5 tab to be given 1 tab by mouth 4 times a day. The MOR stated it was to be given 3 times a day.

An interview was conducted on at 1:05 PM with Resident Care Director/Licensed Practical Nurse (LPN). She stated there is an order for the to be given 4 times a day. She stated she usually notates, but she did not on this order.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to maintain all furniture in good condition for 54 of 54 residents.

Findings:

On at approximately 11:07 AM, it was observed on the outside porch, where residents sit and smoke, there was a chair observed to be in disrepair, with a large hole in the upholstery on the seat of the chair (photographic evidence).

On at approximately 4:57 PM, an exit interview was conducted with the Administrator. He was

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advised that there was a chair which the residents use on the back porch in disrepair. After showing him a picture of the chair, he stated he would throw out the chair.

Class III