STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	09/26/2016
NAME OF PROVIDER OR SUPPLIER **HARMONY CARE HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 SE THANKSGIVING AVE** **PORT SAINT LUCIE, FL 34984**	

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

0000 Initial Comments

A Complaint Investigation relating to CCR's 2016007435, 2016009014 and 2016010018 was conducted on 09/26/2016 at Harmony Care Home Inc., license number 11135. The facility had deficiencies at the time of the investigation.

0054 Medication - Records

Based on observation, interviews and record review, the facility failed to accurately update Medication Observation Records (MOR's), for 1 of 3 sampled Residents (3).

The findings included:

Review of Resident #3's medical records revealed she was admitted to the facility on . Resident #3's AHCA Form 1823 (medical examination) dated documented she requires assistance with self-administration of medications.

1. Review related to her use of (a controlled) revealed the following.

A. Her medical examination form and 2016 MOR included an order for HCl 50 milligrams three times daily. Health Care Provider orders dated and documented the same order.

B. Her Individual Residen's/Controlled Substance Record and a separate Controlled Drug Record form documented there should be 68 pills in inventory. Observation of her medication supply revealed 67 pills in inventory (photographic evidence obtained). Also, on the inventory sheet showed 1 pill removed from inventory but the MOR was initialed as though the resident received 3 pills.

C. Her 2016 MOR documented an "O" to indicate the dose was not given on , , , and . There was nothing documented on the reverse of the MOR or elsewhere in her medical record to indicate why the dose was not received.

The above concerns were discussed with and acknowledged by the Administrator on at 12:57 PM.

2. Review related to her use of revealed the following.

A. A written HCP order dated called for her to be discontinued.

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B. Her 2016 MOR contained initials to indicate the medication was received from 08/20/2016 through 08/31/2016.

C. Her 2016 MOR contained initials to indicate the medication was received from / through .

During an interview conducted at 12:57 PM, the Administrator was asked and stated there was no in Resident 3's supply of medications. She stated staff errored when the MOR was initialed as though the doses were given.

Class III

0056 Medication - Labeling and Orders

Based on observations, interviews and record review, the facility failed to ensure unlicensed staff who assist residents with self-administration of medications obtained written Health Care Provider (HCP) for 1 of 3 sampled Residents (3) before changing the use of medications.

The findings included:

Review of Resident #3's medical records revealed she was admitted to the facility on . Resident #3's AHCA Form 1823 (medical examination) dated documented she requires assistance with self-administration of medications. Further review revealed the following concerns:

1. Review of her use of revealed the following.

A. Her medical examination form included an order for , 25 milligrams (MG), one half tablet by mouth twice daily. A Health Care Provider (HCP) order called for, " monitor, record, and maintain log of [ ] readings " .

B. Her Monitoring form began on , ten days after it was ordered by the HCP. On at 12:57 PM, the administrator stated there was no monitoring form available for the period through . Also, facility staff recorded readings were taken only once daily at various times between 9:00 AM and 2:00 PM rather than twice daily, just before the scheduled doses.

C. Her 2016 MOR revealed an entry for " 25 MG take ½ tablet by mouth

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twice a day, hold if [ ] is [less than] 100 or [rate less than] 55 " . The doses were scheduled for 8:00 AM and 8:00 PM daily. There was no documentation showing staff were monitoring and recording her rates; the Administrator confirmed it was not being monitored.

D. Based on the available readings, doses would have been held , and . However, her 2016 MOR was marked as the following doses being held: / through , through , and through . Initials were noted on and , however a horizontal line was written through through .

2. Review of her use of revealed the following.

A. Her / medical examination form, a separate written HCP order dated , and her and 2016 MOR ' s all called for 1 MG by mouth daily.

B. Observation of the medication container revealed the dose was 400 micromilligrams, less than half the dose ordered by her HCP (photographic evidence obtained).

C. Her and 2016 MOR ' s documented she received the medication starting on .

The above concerns were discussed with and acknowledged by the Administrator on at 12:57 PM.

Class III

0081 Training - Staff In-Service

Based on interviews and record review, the facility failed to ensure staff members received required training in the areas of resident rights, , neglect and , activities of daily living (ADL's) and resident behavior, for 3 of 4 sampled employee files reviewed (Staff B, C and D).

The findings included:

Review of employee records was conducted on beginning at 3:50 PM with the facility's Administrator present. The following concerns were identified regarding Employee B, C and D.

1. Employee B, (a Caregiver and Medications Technician (MT)), who works at the facility on an "as

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needed" basis, was hired 06/12/2016. Review of her employee records revealed:
A. There was no certificate showing she received the required 1 hour training within 30 days of hire in Resident Rights in an Assisted Living Facility (ALF). A certificate of training dated titled, " Legal: The Rights of Patients " was present in the employee record.
B. There was no certificate showing she received the required 1 hour training within 30 days of hire in Recognizing and Reporting Resident , Neglect and .

2. Employee C, (a Caregiver and MT), was hired on . Review of her employee records revealed no certificate showing she received the required 3 hours of training within 30 days of hire in Resident Behavior and Needs, and Providing Assistance with ADL's.

3. Employee D, (a Caregiver and MT) who works at the facility on an "as needed" basis, was hired . Review of her employee records revealed:
A. There was no certificate showing she received the required 1 hour training within 30 days of hire in Resident Rights in an ALF, and Recognizing and Reporting Resident , Neglect and .
B. There was no certificate showing she received the required 3 hours of training within 30 days of hire in Resident Behavior and Needs, and Providing Assistance with ADL's.

The above concerns were discussed with the Administrator on at 4:37 PM. She confirmed these staff members provided direct care to the facility's residents. The Administrator stated no further information was avilable for review.

Class III

0086 Training - ADRD

Based on observations, record review and interviews, the facility failed to ensure staff members received required training related to and Related for 2 of 4 sampled employee files (A and B).

The findings included:

Review of employee records was conducted on beginning at 3:50 PM with the facility's Administrator present. The following concerns were identified:

1. Employee A, a Caregiver and Medications Technician (MT) was hired . Review of her employee records revealed a certificate of training dated in (Florida) - 3.0 Online Contact Hours. There was documentation showing she received the required 4 hours of

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training within 90 days of hire in and Related Level I training. Employee A was observed to provide direct care to resident throughout the survey conducted .

2. Employee B, a Caregiver and MT was hired . Review of her employee records revealed a certificate of training dated in (Florida) - 3.0 Online Contact Hours. There was documentation showing she received the required 4 hours of training within 90 days of hire in and Related Level I training.

This was discussed with the Administrator on at 4:37 PM. She confirmed these staff members provide direct care to residents.

Class III

Z814 Background Screening Clearinghouse

Based on observations, interviews and record review, the facility failed to add new employees and report employment status changes within 10 business days of the change, for 5 of 6 sampled Employees (Employee A, B, C, D and E).

The findings included:

Review of the facility's Care Provider Background Screening Clearinghouse record related to the facility's employee roster conducted revealed the following concerns:

1. Employee A, a Caregiver and Medication Technician (MT), was hired .
Review of the facility's Clearinghouse record revealed she was not listed in the facility's employee roster. Employee A was observed providing direct care to residents throughout the survey conducted .

2. Employee B, a Caregiver and MT, was hired . Review of the facility's Clearinghouse record revealed she was not listed in the facility's employee roster.

3. Employee C, a Caregiver and MT, was hired . Review of the facility's Clearinghouse record revealed she was not listed in the facility's employee roster. Employee C was observed providing direct care to residents during the morning and afternoon on the day the survey was conducted, .

4. Employee D, a Caregiver and MT, was hired . Review of the facility's Clearinghouse record revealed she was not listed in the facility's employee roster.

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5. Employee E, the Administrator, Caregiver and MT, was hired when the facility opened on 07/20/2007. Review of the facility's Clearinghouse record revealed she was not listed in the facility's employee roster. Employee E was observed providing direct care to residents throughout the survey conducted

These concerns were discussed with and acknowledged by the Administrator on at 4:37 PM. She stated she was not familiar with this regulation. The administrator stated no further documentation was available for review.

Unclassified

Z816 Background Screening-Compliance Attestation

Based on observations, interviews and record review, the facility failed to obtain the required Affidavits of Compliance with Background Screening Requirements form, for 4 of 5 sampled Employees (Employee A, B, C and D).

The findings included:

Review of employee records was conducted on beginning at 3:50 PM with the facility's Administrator present. The following concerns were identified:

1. Employee A, a Caregiver and Medication Technician (MT), was hired
Review of her employee records revealed no signed Affidavit of Compliance with Background Screening Requirements form AHCA Form 3100-0008. Employee A was observed providing direct care to residents throughout the survey conducted

2. Employee B, a Caregiver and MT, was hired . Review of her employee records revealed no signed Affidavit of Compliance with Background Screening Requirements form AHCA Form 3100-0008.

3. Employee C, a Caregiver and MT, was hired . Review of her employee records revealed no signed Affidavit of Compliance with Background Screening Requirements form AHCA Form 3100-0008. Employee C was observed providing direct care to residents during the morning and afternoon on the day the survey was conducted,

4. Employee D, a Caregiver and MT, was hired . Review of her employee records revealed

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no signed Affidavit of Compliance with Background Screening Requirements form AHCA Form 3100-0008.

These concerns were discussed with and acknowledged by the Administrator on at 4:37 PM. She stated she was not familiar with this regulation.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Harmony Care Home Inc
534 SE Thanksgiving Ave
Port Saint Lucie, FL 34984

RE: CCR #2016007435, #2016009014 and #2016010018

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 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/dso
Enclosure
XG90

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