STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	10/10/2016
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

An unannounced standard survey was conducted on 10/10/16 at Harmony Care Home, License #11135. The facility had deficiencies identified at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on observation and staff interview, Staff C failed to provide appropriate health care consistent with established and recognized standards within the community as it relates to control when providing assistance with self-administered medications, for 2 of 2 residents observed during medication pass (Resident #3 and #4).

The findings include:

1) On at 12:07 PM, Staff C used an -based hand sanitizer prior to removing Resident #3's medications from locked cabinet located in living the facility. During assistance with self-administered medication, Staff C removed the following medications from their original, labeled container for Resident #3:
a)
b) D3
c) 50 mg (4 tabs)
d) Multi- and

While removing these medications, Staff C placed each pill into her bare, ungloved hand, before placing them onto a clean napkin, which had been placed on the dining next to where Resident #3 was seated.

2) On at 12:15 PM, Staff C used an -based hand sanitizer prior to removing Resident #4's medications from locked cabinet located in living the facility. During assistance with self-administered medication, Staff C removed the following medications from their original, labeled container for Resident #4:
a)
b)

While removing these medications, Staff C placed each pill into her bare, ungloved hand, before placing them onto a clean napkin, which had been placed on the dining next to where Resident #4 was seated.

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During interview with Staff C on 10/10/16 at 4:45 PM, she acknowledged that she should not have touched the resident's medications with her bare hands; she should have washed her hands and donned disposable gloves before handling the resident's medications, if needed.

Class III

0055 Medication - Storage and Disposal

Based on observation, resident record review, and interviews, the facility failed to keep all medications, syringes, and glucose monitoring supplies in a secured area at all times, for 1 of 4 residents (Resident #4).

The findings include:

During med pass observation on at 12:07 PM, a plastic container belonging to Resident #4 was observed sitting on the end of the counter in the kitchen. This plastic container had a removable lid, which contained no locking device. The plastic container was observed to contain several syringes, 2 boxes of lancets, and refillable pens.

During this same time, Staff C revealed that Resident #4's was kept in the side door of the refrigerator, located in the kitchen, next to where the residents eat their meals. The refrigerator was not secured, nor was the secured in a separate container within the refrigerator.

A review of Resident #4's current health assessment (AHCA Form 1823), dated , documents this resident requires assistance with self-administered medications.

An interview was conducted with Resident #4 on at 1:18 PM; she stated, "I check my own sugar levels, and I give myself my own injections with supervision."

During interview with the Administrator on at 2:30 PM, she acknowledged the need to secure the that is stored in the refrigerator and the syringes and glucose monitoring supplies used by Resident #4.

Class III

0090 Training -

Based on employee record review and staff interview, the facility failed to ensure 1 of 1 employee

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interviewed had understanding of the ( ) Training received during in-service (Staff A).

The findings include:

Staff A was hired on , and she received a 2-hour Training on . However, during staff interview on at 4:21 PM, Staff A was not able to tell me what a was. When she was informed that was a " ," she was still unable to explain what this meant, or how she would be able to tell which resident had a order. This staff could not describe what color paper a order would be printed on.

The Administrator was informed of Staff A's lack of knowledge concerning orders or how to tell if a resident had a . The Administrator expressed surprise at this information, as she stated she had went over the process with her in detail. The Administrator acknowledged the need for further training in this area for Staff A.

Class III

0167 Resident Contracts

Based on resident record review and staff interview, the facility failed to have a resident contract which contained
1) a discharge policy which conforms to Section 429.28(k) F.S., for 4 of 4 residents, (Resident #1- #4).
2) a refund policy that conforms to Section 429.24(3) F.S., for 2 of 4 residents, (Resident #1 and #4).

The findings include:

On , during review of resident contracts for all 4 of the residents currently residing in the facility, and who have a current contract with the facility in place, it was discovered that the aspects of the facility's contract with the residents, relating to notice of discharge and refunds, does not conform to state regulations. The following was noted.

a) On page 2, paragraph 6 of the resident contract, it states, "This entire agreement may be terminated by written request of the resident or responsible party or at the request of the facility with thirty (30) days notice".

b) The MOVES OR TRANSFER POLICY included as part of the resident contract states, "A resident shall not be discharged without 30-days written notice stating reasons for move or transfer..."

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c) The ADMISSION, TRANSFER AND DISCHARGE POLICY (page 2, section 5) included as part of the resident contract states, "...When notice is given and responsible persons have not move[d] the resident within 30 days, the appropriate social service agency will be contacted for assistance."

d) The REFUND POLICY included in the resident contract, and also provided as a separate addition to the contract, states in paragraph 3, part D, "The facility will provide a 30 day advance notice to the resident or responsible party should the facility wish to terminate the agreement or increase the monthly rate."

Per state regulation [Section 429.28(k)], at least 45 days' notice of relocation or termination of residency from the facility is to be provided, not the 30-day notice as stated in the facility's contract.

The contract of Resident #1 had a handwritten statement stating "There will be no refunds" added to the Refund section of the resident's contract.

Per state regulation [Section 429.24(3)], the facility contract shall include a refund policy to be implemented at the time of a resident's transfer, discharge, or . The refund policy shall provide that the resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date after all charges, including the cost of damages to the residential unit resulting from circumstances other than normal use, have been paid to the licensee.

During interview conducted with the Administrator on at 4:45 PM, she acknowledged the resident contracts and corresponding policies need to be amended to reflect the regulatory 45- day notice of discharge. The administrator also acknowledged that the contracts for Resident #1 and #4 need to be amended to remove the "no refund" statement that had been added to the refund policy section of their contracts.

Class

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

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 Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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