RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Harmony House At Ocala
5762 S.W. 60th Avenue
Ocala, FL 34474

RE: CCR #2016009952

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 29, 2016 through , 2016 by representative(s) 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(s). Should you have any questions please call Chuck Bory at 386-462-6201.

Sincerely,

Charles Bory for

Kriste J. Mennella
Field Office Manager

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KJM/CB
Enclosure
XG90

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911084	09/30/2016
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 through , 2016 a biennial licensure, 6 month monitoring, and complaint (CCR#2016009952) survey was conducted at Harmony House At Ocala Assisted Living Facility (facility license number 5828). Deficient practice was identified during the survey. The facility was not in compliance at this time.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, the facility failed to post all the required complaint numbers for 47 of 47 residents.

Findings:

On at approximately 10:00 AM, a tour of the facility was conducted. During the tour it was observed that the Agency complaint number was not posted in the facility, nor the Rights number.

On at approximately 12:30 PM, during an exit interview, the Administrator was asked where were all the required complaint numbers posted in the facility. He stated in the front entrance in the hall. He was asked why wasn't the Agency complaint number posted or the the Rights number posted. He stated he did not know why they were not posted. He then asked a staff member if she knew where the numbers were posted and she stated they were all posted near the front entrance in the hallway.

Class III

0078 Staffing Standards - Staff

Based on interview and record review, the facility failed to ensure that 1 of 3 staff (Staff C) had a documented yearly screening.

Findings:

A record review on of Staff C's employee record revealed that staff C did not have a yearly screening. The record showed that Staff C had a chest x-ray on , at the time that their communicable statement was issued. There was no record of a yearly screening being performed by a health care provider since that date.

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

During an interview on [redacted] at 11:24 AM with the facilities Executive Director (ED), the ED stated that he was under the impression that if an employee had a chest x-ray for their [redacted] screening, that they did not need another [redacted] screening for two years. The ED also stated that he was unaware of the requirement for a yearly screening by a health care provider for [redacted] for an employee that has had a chest x-ray.

During an interview on [redacted] at 12:09 AM with the facility Health Care Director (HCD), the HCD stated that Staff C had not had a screening by a health care provided since her chest x-ray.

Class III