STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911084	R **04/10/2017**
NAME OF PROVIDER OR SUPPLIER **THE HARMONY HOUSE OF 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

A follow up to the Change of Ownership (CHOW) survey for The Harmony House Of Ocala Assisted Living Facility (facility license number 5828) was conducted on . . . . . The facility remains out of compliance at this time.

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to ensure a clean and hazard-free environment in 3 of 3 hallways (100, 200 and 300 hallways) and in the dining . . . . . where the majority of residents have their meals.

Findings:

An observation was made during the tour of the facility with the Administrator on at 11:30 AM, on the 100, 200, and 300 hallways showing they were in need of painting as they were observed having multiple black scuff marks and chipped paint on the walls as well as the bottom of baseboards .

Further tour of the facility on the 100, 200, and 300 hallways on at 11:41 AM, two areas of concern were noted with the hand rails missing in the 300 hallway leading to residents' . . . , and a damaged door in the dining leading to the outside patio. A second area of concern was in the main dining . . . . . where the residents sit and eat. This area was observed in need of painting and the walls had deep gouges where residents sit to eat.

During the continued tour and interview with the Administrator of the facility on at 12:30 PM, it was confirmed by the Administrator that the environmental areas of concern found were areas needing to be addressed and repaired and were not part of the repair plan in place.

Class III