STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966913	**04/04/2017**
NAME OF PROVIDER OR SUPPLIER **HARMONY FAMILY HOME CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **9245 SW 208 TERRACE** **MIAMI, FL 33189**	

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

0000 - Initial Comments

An Abbreviated Survey was conducted on . Harmony Family Home Care (license # 11048) had deficiencies found at the time of the survey.

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and interview, the facility failed to complete two elopement drills per year.

Findings included:

Record review showed the facility had only one elopement drill, completed on .

During interview on at 10:57 am, Staff A reviewed the elopement drill book and he acknowledged that only one drill was done.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, record review, and interview, the Assisted Living Facility failed to ensure Medication Observation Records (MORs) were immediately updated after each time the medication is offered or administered for one (#1) out of five sampled residents.

Findings included:

Observation on at 7:45 am revealed that Caregiver B assisted Resident #1 with self-administration of medication. Staff B did not initial the MOR to indicate that the resident took the medication.

A review of the MOR for Resident #1 revealed that it was not signed.

Record review showed that the MOR did not have the time that medications were prescribed specified for all the residents.

In an interview on at 11:50 am Staff A acknowledged that Staff B did not sign the MOR.

Class III

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	AL11966913	04/04/2017
NAME OF PROVIDER OR SUPPLIER **HARMONY FAMILY HOME CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **9245 SW 208 TERRACE** **MIAMI, FL 33189**	

SUMMARY STATEMENT OF DEFICIENCIES
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0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observation, record review, and interview, the facility failed to provide documentation of the required two hour update in-service training for self-administration of medication assistance for one out of two staff sampled (Staff B).

Findings included:

Observation on at 7:45 am showed Staff B assisting Resident #1 with self-administration of medication.

Personnel record review revealed that Staff B's (hired on) last medication in-service was on (4 hours).

Interviewed on at 7:06 am revealed that Staff B revealed that she assisted all of the facility's residents with self-administration of medications.

On at 1:00 pm, Staff A revealed that he acknowledged that Staff B did not have an update of the self-administration of medication in-service.

Class III

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on record review and interview, the provider failed to have a surety bond with minimum bond proceeds that equal twice the value of the residents' monthly income for one out of five sampled residents (#1).

Findings included:

Record review revealed that the facility did not have documentation of a surety bond with a minimum bond that equal twice the value of the residents ' monthly aggregate income.

During an interview on at 10:27 am, Staff A acknowledged acting as payee for one resident, and not having a surety bond, and stated "I obtained the form to request a surety bond."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966913	**04/04/2017**
NAME OF PROVIDER OR SUPPLIER **HARMONY FAMILY HOME CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **9245 SW 208 TERRACE** **MIAMI, FL 33189**	

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

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility failed to provide documentation of a current health inspection.

Findings included:

A review of the most recent health inspection posted revealed that it had been approved on .

On at 9:26 am the Staff A stated, " I am waiting on the Health Department to come, I have not sent any payment because we are waiting for them to come."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **HARMONY FAMILY HOME CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **9245 SW 208 TERRACE** **MIAMI, FL 33189**	

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

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview the facility failed to have documentation of an Attestation of Compliance with Background Screening in three of three sampled staff members' files (Staff A,B and C) .

Findings included:

Personnel record review of Staff members A, B and C revealed that they did not contain the Attestation of Compliance with Background Screening .

Interviewed on at 11:02 am Staff A stated, "The Attestation document must to be a new tag because it is the first time I heard about it."

Unclassified

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on observation and record review, the center failed to register and maintain the employment status of all staff within the background screening clearinghouse database .

Findings included:

Observation on at 6:45 am - 1:00 pm revealed Staff B working in the center with five participants .

A review of the background screening clearinghouse database revealed that Staff B was not listed on the facility's roster.

Interviewed on at 1:00 pm Staff A stated, " I did not know that I have to add Staff B to the facility's roster."

Unclassified