STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911084	**05/11/2017**
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

An unannounced off hours complaint investigation for CCR #2017002199 was conducted at The Harmony House in Ocala, Florida on , beginning at 4:00 AM. Deficiencies were identified during the visit. License #5828.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation, record review and interview, the facility failed to properly dispose of medications for 1 of 3 (Resident #1) discharged residents.

Findings:

During the Initial Tour on , beginning at 4:05 AM, with the Medication Technician, seen through a large wall window in the 100 hall was a large packs of medication visible from the hallway. They were sitting on top of a desk and on the floor. While the door to the locked the medications were not secured. They were in full view of anyone walking down the hall. While this surveyor was present, the door was opened and the . Six medications were found with Resident #1's name on them. She , on , in the facility. Review of her record revealed no documentation about the attempts for notification and subsequent disposal of the medications. The medications were as follows: , , , , , Fish oil, , , . They were visible from the hallway.

During an interview with the Medication Technician on at 4:18 AM, she stated she knows the medications are there, but the Licensed Practical Nurse (LPN) handles them.

During an interview with the Designee/Licensed Practical Nurse (LPN) on at 7:00 AM, she confirmed she did not dispose or document any attempts of disposal for any medications for Resident #1. She stated she began working at the facility only 7 weeks earlier and is trying to resolve issues left by the previous staff. She stated she should have secured the medications and cleared them from view of visitors. She stated she should have disposed of them already and documented it. No further information was provided.

Class III

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

Based on observation and interview, the facility failed to maintain a safe shower in 1

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SUMMARY STATEMENT OF DEFICIENCIES
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of 3 halls (200 Hall).

Findings:

Observation with the Medical Technician on at 4:30 AM revealed the ceiling light cover over the toilet in the 200 hall shower missing. The bulb was exposed.

Further , there was large areas of drywall or plaster missing from the corners of the walls in that shower . This was located closer to the actual shower , from the floor up to about 10 inches, spanning an area of 2 inches to 12 inches, in at least 3 places.

An interview with the Designee/Licensed Practical Nurse (LPN) on at 7:00 AM confirmed they would make the needed repairs.

Class III