STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953175	**05/22/2017**
NAME OF PROVIDER OR SUPPLIER **THE HARBOR HOUSE OF OCALA**	STREET ADDRESS, CITY, STATE, ZIP CODE **12080 S.W. HIGHWAY 484** **DUNNELLON, FL 34432**	

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

0000 - Initial Comments

An unannounced Change of Ownership (CHOW) and complaint survey (CCR#2017003256) was conducted on at The Harbor House at Ocala (License #8142), 12080 SW Highway 484, Dunnellon, FL 34432. Deficient practice was identified at the time of the survey.

0009 - Admissions - Admission Package - 58A-5.0181(3) FAC; 400.0078(2)

Based on record review and interview, the facility failed to provide a written statement providing the daily, weekly or monthly charge to reside in the facility now owned by Regal Healthcare for 2 of 2 residents (Resident #4 and #11).

Findings:

On , 2017, at approximately 1:00 PM, resident record reviews were performed on Resident #4 and #11. The resident contract between Resident #4 and #11 and Regal Healthcare did not contain a statement that identified the daily, weekly or monthly charge to reside in the facility.

On , 2017, at approximately 1:45 PM, an interview was conducted with the Administrator concerning Resident #4's and #11's contracts. The Administrator stated there is no statement of monthly rates included in any resident contract with Regal Healthcare.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and interview, the facility failed to insure unlicensed staff provided assistance with self-administration of medications as required for 5 of 5 residents observed (Resident #3, #10, #12, #13, and #14).

Findings:

On , 2017, at approximately 11:05 am, unlicensed Staff D was observed to provide assistance with self-administration of medication for Resident #12. Staff D presented medication to Resident #12 stating "Here is your Lac-Dose, , Oxybutin, , and then we have your eye drops." Staff D did not read medication label in the presence of the resident which stated:
Lac-Dose tab 3000 units take one tab by mouth three times daily 30 minutes before meals
MA , 500 mg take 1 tablet by mouth once daily in afternoon
, 5 mg take ½ tab by mouth three times a daily

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SUMMARY STATEMENT OF DEFICIENCIES
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25 mg take 1 tablet by mouth three times daily
Tears Instill 1 drop in both eyes daily

On , 2017, at approximately 11:15 am, unlicensed Staff D was observed to provide assistance with self-administration of medication for Resident #13. Staff D presented medication to Resident #13 stating "Here is your ." Staff D did not read medication label in the presence of the resident which stated " 50 mg 1 tab by mouth three times daily."

On , 2017, at approximately 11:20 am, unlicensed Staff D was observed to provide assistance with self-administration of medication for Resident #14. Staff D presented medication to Resident #14 stating "Here is your and your - Gas Chew." Staff did not read medication label in the presence of the resident which stated:
MaPap 500 mg take 2 tabs by mouth three times daily.
- Gas Chew 80 mg Chew and swallow 1 tab by mouth three times daily.

On , 2017, at approximately 11:25 am, unlicensed Staff D was observed to provide assistance with self-administration of medication for Resident #10. Staff D presented medication to Resident #10 stating "Here is your ." Staff D did not read medication label in presence of the resident which stated " 50 mg 1 tab by mouth three times daily."

On , 2017, at approximately 11:30 am, unlicensed Staff D was observed to provide assistance with self-administration of medication for Resident #3. Staff D presented medication to Resident #3 stating "This is your ." Staff D did not read medication label in the presence of the resident which stated " 5 mg Take 1 tab three times daily."

On , 2017, at approximately 11:45 am, an interview was conducted with Staff D in reference to assistance with self-administration of medication. Staff D stated she is a resident care technician and has gone through assistance with self-medication training. States she was unaware that she was to read the complete medication label to the resident.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review and interview, the facility failed to accurately document the staff in-service training of 1 of 3 staff (Staff B).

Findings:

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On , 2017, at approximately 2:00 PM, an employee record review was performed on Staff B. Certifications of completion were discovered pertaining to Assisting with Activities of Daily Living, Control, Food Safety in Residential Care, Incident Reporting, Emergency Procedures, Introduction/Orientation and Resident Rights, and Recognizing and Reporting Elder . Certificates do not contain the number of hours of the training program.

On , 2017, at approximately 4:00 PM, an interview was conducted with the Administrator concerning training certificates without documentation of course hours for Staff B. The Administrator stated she is aware of this issue and stated the facility is in the process of obtaining education through a different source.

Class III

0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC

Based on observation and interview, food was not served in a safe and sanitary manner for 54 of 54 residents served.

Findings:

An observation of the lunch meal service on at 12:00 PM revealed the Dietary Aide serving the dinner rolls with her gloved hands. She was not observed using tongs to serve the dinner rolls.

An interview was conducted with the Dietary Aide on at 1:23 PM. She confirmed she did not use tongs to serve the dinner rolls. She confirmed she should have used tongs instead of her gloved hands.

An interview was conducted with the Dietary Manager on at 1:23 PM. She confirmed the Dietary Aide should have served the dinner rolls using tongs so she would not touch each individual dinner roll that was served.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, interview and record review, the facility failed to ensure there was a 3-day non-perishable food supply on hand at all times for 54 of 54 residents.

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Findings:

On at 2:00 PM, an observation of the Hurricane Closet showed that it contained the facility's 3-day non-perishable food supply: powdered milk, juices, cereal, soups, canned fruit, canned tuna, canned ravioli and canned vegetables.

On , a review of the 3-day disaster menu showed lunch and dinner meals prepared with peanut butter, tuna, chicken, ravioli, beef stew and chili con carne.

An interview was conducted with the Dietary Manager on at 2:00 PM. She stated there is a 3-day disaster menu that the facility follows. She confirmed the facility does not have any chicken, beef stew or chili con carne in the Hurricane Closet. She confirmed there was not enough food items in the Hurricane Closet to prepare the meals on the 3-day disaster menu.

Class III

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 sanitary living environment for 54 of 54 residents.

Findings:

During a tour of the facility on at 9:30 AM the rubber gasket stripping around the interior entrance door of resident # was observed to be severely frayed and shredded looking. (See photographic evidence).

During a tour and interview with the Maintenance Director on at 4:14 PM, he confirmed the poor condition of the rubber stripping around the interior entrance door of # . He stated the resident, at one time, had a cat and the cat would scratch at the rubber stripping.

During a tour of the facility on at 9:32 AM, a missing ceiling tile was observed above resident # . (See photographic evidence).

During a tour and interview with the Maintenance Director on at 4:15 PM, he confirmed the missing ceiling tile above resident # . He stated there had been a problem over the weekend with the air-handler backing up. He further stated he had purposely removed the ceiling tile so that any

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moisture caused from the back up could dry out.

During a tour of the facility on at 9:33 AM, multiple carpet stains were observed, , in the "Ginger House" corridor, which leads to the dining . (See photographic evidence).

During a tour and interview with the Maintenance Director on at 4:18 PM, he confirmed the multiple stains on the carpet in the "Ginger House" corridor. He stated the facility's carpet shampooer is presently being used by Haven House (their sister facility), but that when he gets it back he will spot clean the areas of concern. He further stated he hopes the new owners may replace the carpet with new flooring, but that is not planned at this time; in the meantime, he stated he would continue to clean the carpets the best he can.

During a tour of the facility on at 9:35 AM, two brown smeared stains were observed on the walls near the corner of the "Quilter's Court" corridor. (See photographic evidence).

During the tour of the facility on at 4:20 PM with the Maintenance Director, he confirmed the stains on the wall. He stated he would clean them immediately.

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, the facility failed to obtain a background screening through the Agency for Health Care Administration for 1 of 3 staff (Staff C).

Findings:

On , a record review conducted of the personnel file for Staff C revealed an Agency for Health Care Administration Level 2 Background Screening dated . The screening was over , . A review of the Background Screening Clearinghouse on showed Staff C's determination read "A New Screening is Required" (Photographic evidence obtained).

An interview was conducted with the Administrator on at 4:00 PM. She confirmed Staff C needs a new Level 2 Background Screening. The Administrator reviewed the Background Screening Clearinghouse on line and confirmed it read "A New Screening is Required" for Staff C.

Unclassified