STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968897	**06/30/2017**
NAME OF PROVIDER OR SUPPLIER **HARMONY HOMES**	STREET ADDRESS, CITY, STATE, ZIP CODE **711 CRESTLINE AVE S** **LEHIGH ACRES, FL 33974**	

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

0000 - Initial Comments

An unannounced complaint survey for CCR# 2017004994 was completed on at Harmony Homes, an assisted living facility (License#12740) located in Lehigh Acres, Florida.

The following is a description of the deficiency.

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and observation the facility failed to have a signed contract for 1 (Resident #1) of 4 closed records reviewed. The facility also failed to provide a refund to 1 (Resident #1) of 4 closed records reviewed.

The findings included:

Record review on showed Resident #1 was admitted on and discharged on . Observation of a typewritten timeline showed the facility stated they tried several times to get resident to sign a contract. There was no documentation in the record to that effect. There was no provision in the original typewritten contract for advance payments not being refundable.

There was a handwritten notation with the months and the rent due and the prorated portion for the first months rent. There was a handwritten notation on the contract that stated "Client refuses to sign contract. Once I determine the POA's valid contract I will notify him/her and get someone to sign."

The resident moved in on , 2017. There was no observed documentation in the record of attempts to contact the Power of Attorney. There was Power of Attorney paperwork in the record that demonstrates who it is. The resident left .

As the contract was not signed, the resident should have a refund of $3500 for , 2017 and $3500 for 2017 for a total of $7000.00.

Class III