STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968897	R 09/19/2017
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 revisit survey was conducted on at Harmony Homes (license #12740), an assisted living facility in Lehigh Acres, Florida.

This was a follow-up to the relicensure survey completed on .

The following is description of the deficiencies found at the time of this visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to have freedom from communicable statements on 3 (Staff A, Staff B, and the Administrator) of 3 employees.

The findings included:

Review of the personnel files showed no communicable statement for Staff A (date of hire), Staff B (date of hire) and the Administrator.

During a staff interview on , at 12:00 p.m., the administrator assistant said she thought it was every 2 years. She said she will tell the administrator and will get it done immediately.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to have completed mandatory education for 2 (Staff A and Staff B) of 3 employees.

The findings included:

Review of personnel record for Staff A (date of hire) showed there was no Control Training, ADL and Behavioral Needs Training, Training, Elopement Response Training, Emergency Preparedness and Evacuation Training, Incident Report Training, nor Resident Rights Training.

Review of personnel record for Staff B (date of hire) showed there was no ADL and Behavioral Needs Training, Training, Elopement Response Training, nor Incident Report Training.

During a staff interview on at 12:00 p.m., the administrator assistant said she will make sure

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SUMMARY STATEMENT OF DEFICIENCIES
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these trainings are done. She was not aware the trainings were not done.

Class III

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

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

Based on record review and interview the facility failed to have a Level II background screening on 1 (Staff A) of 2 employees.

The findings included:

Employee record review showed there was no Level II background screening present for Staff A (date of hire). A review of the Agency for Healthcare Administration background screening website showed that a new screening is required.

During an interview on at 12:00 p.m., the administrator assistant said they were to get the fingerprints done last week, but because of the storm everything was pushed back. They are aware and will be going there today to check and make sure their names are on the list.

Unclassified