STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910117	R 11/29/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY RETIREMENT LIVING, INC	**1411 EL PASO AVENUE ORLANDO, FL 32806**

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

0000 - Initial Comments

A revisit to complaint investigation #2017008366 was conducted on . Harmony Retirement Living, Inc. Assisted Living, license #7361, had deficiencies at the time of the visit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record review and interview, the facility failed to ensure 1 of 3 sampled staff had documented evidence of freedom from communicable within 30 days of hire (#B).

Findings:

A review of the personnel record for Staff #B, hired on , did not reveal documentation from a licensed healthcare provider that he was free from communicable . . . . . There was a statement documenting a negative ( ) examination dated .

On at 3:15 PM, the Administrator reviewed the negative statement and said she thought it also was good for communicable . . . . . She confirmed the findings and said Staff B would go back to the doctor.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on observation, staff schedule review and interview, the facility failed to post and maintain an accurate and up-to-date written work schedule.

Findings:

Observations during a tour of the facility did not reveal a staff schedule . Staff working at the time of the visit were Staff B and Staff C.

In an interview with Staff C on 11/ at 1:50 PM, she stated there was no written work schedule in the facility. She stated the administrator had the schedule and let everyone know when to work.

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HARMONY RETIREMENT LIVING, INC	**1411 EL PASO AVENUE ORLANDO, FL 32806**

SUMMARY STATEMENT OF DEFICIENCIES
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Review of the 2017 staff schedule provided by the administrator, revealed for Wednesday Staff C was scheduled to work from 7AM to 7PM and Staff E was schedule to work 24 hours from 7AM until 7AM . On the next day, , and the following day, listed on the schedule as , Staff E and F were scheduled to cover the 24 hour periods. Further review of the schedule found 6 full weeks of staff scheduled to work each day. The days of the month of were listed in the following order: 3 days without any date, 1-18, then 26-30, then , 25, 29, 30 and 31, followed by 11 more days without dates. There was no schedule for , which started on Friday of the week of the visit, available for review.

During an interview with the administrator on at 2:30 PM, she stated the Staff E no longer worked at the facility and her last day was . She also stated Staff F was no longer employed and was terminated on .

The administrator provided time sheets for review. The time sheets did not contain AM or PM indications, but documented 7-7, 7-7 O or Off. Staff E was listed on the current week's timesheet with a line through all the days. There was no time recorded for the dates of - . Staff F was not listed on the current week's timesheet at all.

In an interview with the administrator on at 2:45PM, she stated she thought she had made a corrected version of the schedule, but was unable to locate it. She also said she could not explain the date errors on the schedule and said she did not have time to update the schedule since the departure of on Staff E ( ) or Staff F ( ).

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on record review and interview, the facility failed to have evidence 1 of 3 sampled staff had received a required in-service training within 30 days of employment (#A).

Findings:

Review of the personnel record for Staff #A, hired , did not reveal a certificate documenting a minimum of 3 hours in-service training that covered resident behavior and needs and providing assistance with the activities of daily living (ADLs).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910117	R 11/29/2017
NAME OF PROVIDER OR SUPPLIER **HARMONY RETIREMENT LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1411 EL PASO AVENUE** **ORLANDO, FL 32806**	

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

In an interview with the administrator on at 2:50 PM, she stated she did not know the training had not been completed.

Class III

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

Based on observation, facility record review and interview, the facility failed to ensure an annual fire inspection was conducted by the local fire department and available for review.

Findings:

Observation during the tour of the facility revealed a framed copy of a fire inspection on the wall in the entry sitting . The inspection was dated .

Review of a copy of the most recent fire inspection was requested. No recent inspections were available for review.

In an interview with the administrator on at 3:00 PM, she confirmed the findings. She stated she was sure there was a current inspection, but she did not have a copy at the facility. She said she thought she took it home with her.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on review of the facility's Comprehensive Emergency Management Plan (CEMP) and interview, the facility failed to have documentation the CEMP was approved by the local emergency management agency according to 58A-5.026(2)(c) (1) FAC.

Findings:

A copy of the most recently approved CEMP was requested for review. No document was available to review.

On at 3:00 PM, the administrator stated she thought she had the papers, but maybe they were at home.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910117	R **11/29/2017**
NAME OF PROVIDER OR SUPPLIER **HARMONY RETIREMENT LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1411 EL PASO AVENUE** **ORLANDO, FL 32806**	

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

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

DEFICIENCY REMAINED UNCORRECTED

Based on the Agency Background Screening (BGS) Clearinghouse website, staff schedule review and interview, the facility failed to maintain an updated or an accurate Employee Roster by registering or terminating staff within 10 business days of employment as required for 3 of 8 staff reviewed.

Findings:

Review of the BGS Clearinghouse website on at 2:00 PM revealed the following:

1. Staff D was listed on the roster as a current employee. According to the administrator and the time sheets reviewed, the last date of employment was .

2. Staff E was listed on the roster as a current employee. According to the administrator and the time sheets reviewed, the last date of employment was .

3. Staff G was listed on the roster as a current employee with a hire date of . He was not on the schedule for or on the time sheets. The administrator said he had not worked there in a long time.

In an interview with the administrator on at 3:30 PM, she confirmed the findings.

Unclassified