STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910117	R **12/26/2017**
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)

0000 - Initial Comments

A second revisit to complaint investigation #2017008366 was conducted on , 2017. Harmony Retirement Living Inc., license #7361, had a deficiency at the time of the revisit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on record reviews and interview, the facility failed to ensure 1 of 3 personnel records (administrator) contained documentation of a negative ( ) examination on an annual basis.

Findings:

Personnel record review for the administrator revealed a negative examination on .

The record did not contain documentation of a negative examination for 2017, as required.

On at 4:45 pm, the administrator confirmed the findings.

Class III