STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953175	**11/28/2017**
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

On , an unannounced complaint investigation (CCR#2017013002) was conducted at The Harbor House at Ocala (License #8142). Deficient practice was identified at the time of the visit.

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

Based on record review and interview, the facility failed to insure two of three staff (Staff A and Staff C) completed the required in-service training for providing assistance with the activities of daily living within 30 days of employment.

Findings:

On at 2:00 p.m., an employee record review was performed on Staff A and Staff C. Staff A date of hire: . Staff C date of hire: . No certification completion was identified concerning in-service training covering providing assistance with the activities of daily living.

During an interview with the administrator on at 2:35 p.m., the administrator confirmed Staff A and Staff C had not completed the required training for providing assistance with the activities of daily living within 30 days of employment.

Class III