

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910117	(X3) DATE SURVEY COMPLETED R 02/27/2018
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 revisit to the re-licensure survey with Limited Mental Health (LMH) was conducted on 02/27/2018. Harmony Retirement Living, Inc., license #7361, had deficiencies at the time of the revisit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

DEFICIENCY REMAINED UNCORRECTED.

Based on record reviews and interview, the facility failed to ensure a face-to-face medical examination was completed by a health care provider and documented on a health assessment form 1823 within 60 days prior to admission or within 30 days following admission for 1 of 3 sampled residents (#8).

Findings:

Review of the record for resident #8 revealed he was admitted to the facility on 02/27/2018. The record did not contain a health assessment form 1823, as required.

On 02/27/2018 at 12 pm, the administrator said resident #8 did not have a completed health assessment form 1823 to indicate the resident had a face-to-face medical examination.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

DEFICIENCY REMAINED UNCORRECTED.

Based on observations, record reviews, and interviews, the facility failed to ensure health care provider orders were followed for 1 of 3 sampled residents (#7).

Findings:

1. On 02/27/2018 at 12:45 pm, resident #7 complained of chest pain. Review of the resident's record revealed an order from a health care provider that was dated on 02/27/2018 for 25 milligrams (mg) by mouth every 6 hours as needed for chest pain or discomfort.

Review of the 02/27/2018 Medication Observations Record (MOR) for resident #7 revealed the

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... was not listed. On ... at 12:48 pm, staff C, a caregiver who assisted residents with self-administered medications, said the medication had not arrived yet from the pharmacy. The record for resident #7 did not contain documentation to indicate the facility contacted the pharmacy to determine why the medication was not delivered. On ... at 12:52 pm, staff C said the hospice nurse never sent the order to the pharmacy. 2. Review of a health assessment form 1823, dated on ..., for resident #7 revealed an order from a health care provider for ... 20 mg by mouth daily. Review of the ..., 2018 MOR for resident #7 revealed the ... was not listed. In addition, the health assessment form indicated the resident required assistance with self-administration of her medications. On ... at 1:07 pm staff C said she was not aware of the ... order and she did not send the order to the pharmacy. Class III 0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC DEFICIENCY REMAINED UNCORRECTED. Based on observations, record reviews, and interviews, the facility failed to date and plan its menus at least 1 week in advance. Findings: Observations made during the lunch meal on ... at 12:05 pm revealed the residents were served Cole slaw, hamburger on bread, French fries, and milk. On ... at 12:10 pm staff A, a caregiver, identified a menu for "week 4" and said it was the menu used for the lunch meal. She said the menu dates were documented on the back of the menus. Review of "week 4" menu revealed that on the second Tuesday, Cole slaw, burger on a ..., mixed vegetables, French fries, and skim milk would be served. However, the dates documented on the back of the menu indicated "week 4" menu was used for ... and for ...		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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Review of the menus for "weeks 1, 2, and 3" revealed no documented dates to indicate any of those menus were to be used for . On at 12:15 pm, the administrator confirmed the findings and she was unable to provide any dated menus after . Class III		