STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968897	**08/08/2018**
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 emergency power plan monitoring and complaint survey for CCR#2018009927 was conducted . . . at Harmony Homes, an assisted living (license #12740) in Lehigh Acres, Florida.

The complaint contained one allegation which was not substantiated.

The following is description of the deficiencies.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on a review of 2 (Residents #2 and #3) of 3 resident records reviewed, observation and staff interview, the facility failed to have physician orders for bed rails for Resident's #2 and #3 and the facility failed to have the proper side rails for Resident #2.

The findings included:

1. On at 9:40 a.m., observation showed Resident #2 had 3/4 side rails on both sides of his bed. A review of Resident #2's health assessment dated . . . . and throughout his record showed there was no physician order for this side rail or 1/2 side rails. On at 9:40 a.m., the facility staff said she was not aware Resident #2's 3/4 side rails were not allowed.

2. On . . . . at 10:00 a.m., observation showed Resident #3 had 1/2 side rails on both sides of her bed. A review of her health assessments dated and and throughout her record showed there was no physician order for this side rails.

3. On . . . . at 10:00 a.m., the facility staff said she does not know where the physician orders are for these side rails for Residents #2 and #3.

Class III

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on one of three resident records reviewed and staff interview, the facility failed to provide the required documentation on Resident #2 for receiving third party services.

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The findings included:

A review of Resident #2's health assessment dated . . . showed he required . . care dressing daily.

On . . . at 9:50 a.m., Resident #2 said a woman from an agency came to the facility to do his . . . care.

A review of his record showed there was no documentation of care.

On at 9:40 a.m., the facility staff confirmed an agency came to the facility to do Resident #2's . . . care and she was not able to find the documentation from the home health agency showing his care.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on staff interview and facility record review, the facility failed to have the emergency power plan.

The findings included:

On . . . at 10:30 a.m., the facility staff said she was not able to find the facility's emergency power plan (EPP).

A review of facility records showed the EPP was not available.

Class III