STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910117	**09/25/2018**
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 Complaint Investigation #2018009041 was conducted on . Harmony Retirement Living Inc. with Limited Mental Health (LMH) Assisted Living Facility, License #7361 had a deficiency at the time of the visit.

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

Based on resident record review and interview, the facility failed to ensure a completed and accurate AHCA Form 1823 Health Assessment was obtained for 2 of 4 sampled residents (#3 and #4) who requires assistance with Activities of Daily Living (ADLs); and failed ensure the Health Assessment was available at the facility for 1 of 4 sampled residents (#2) as required.

Findings:

Resident #2's record review revealed date of admission and not able to locate the 1823 Health Assessment as required to be available on site at the facility at all times.

Resident #3's record review revealed an 1823 Health Assessment dated that did not document the type of medication assistance needed on page 4, section B. In addition, resident needs assistance with the bathing (ADL). (PHOTOGRAPIC EVIDENCE OBTAINED)

Resident #4's record review revealed an 1823 Health Assessment dated that did not document the type of medication assistance needed on page 4, section B. Furthermore, the resident needs supervision with bathing, dressing, eating, and toileting. (PHOTOGRAPIC EVIDENCE OBTAINED)

On at 12:30 PM, an interview with the Administrator who confirmed the findings.

Class III