STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910117	R **11/14/2018**
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 a Complaint Investigation #2018009041 was conducted on . Harmony Retirement Living Inc. Assisted Living with Limited Mental Health (LMH), License #7361 had a deficiency at the time of the visit.

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

DEFICIENCY REMAIN UNCORRECTED

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

Findings:

Resident # 3's record review revealed a Health Assessment form 1823 dated did not document the type of medication assistance needed on page 4, section B. In addition, the resident needs assistance with the bathing (ADL). (Photographic Evidence obtained)

Resident # 4's record review revealed a Health Assessment form 1823 dated did not document the type of medication assistance needed on page 4, section B. Furthermore, the resident needs supervision with bathing, , eating, grooming and toileting. (Photographic Evidence obtained)

On at 11 AM, a telephone interview with the Administrator confirmed the findings.