STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968897	R **01/03/2019**
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 follow up survey was conducted on . . . at Harmony Homes, an assisted living facility (License #12740) in Lehigh Acres, Florida.

The following is a description of the deficiencies.

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

Based on record review, observation and staff interview, the facility failed to have physician orders for bed rails for 1 (Residents #2) of 2 resident records reviewed.

The findings included:

On . . . at 9:20 a.m., side rails were noted on Resident #2's bed. Review of Resident #2's record showed there was no physician order for the side rail.

On at 9:30 a.m., the facility staff said she does not know where the physician orders are for the side rails for Residents #2.

Class III

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

Based on record review and interview the facility failed to have documentation from a home health agency for care.

The findings included:

On at 9:15 a.m., a review of Resident #2's health assessment dated showed he required . . . care . . . . daily for a . . . . . .

On . . . . at 10:00 a.m., Resident #2 said someone from an agency was doing his . . . care, but doesn't remember which agency.

A review of the resident's record showed there was no documentation of care.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968897	R 01/03/2019
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)

On [redacted] at 10:05 a.m., the facility staff were unable to locate any [redacted] care documentation.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on facility record review and interview the facility failed to have an approved Comprehensive Emergency Management Plan.

The findings included:

Review of the facility records showed a letter from the county dated [redacted] which states, "Your Comprehensive Emergency Plan does not currently meet the Emergency Management Criteria ..."

During an interview on [redacted] at 10:30 a.m., facility staff said that was the only letter. She said, "I don't know of any other letter."

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on staff interview and facility record review, the facility failed to have an approved Emergency Power Plan.

The findings included:

A review of facility records showed the Emergency Power Plan was not available.

On [redacted] at 9:06 a.m., the facility staff said she was not able to find the facility's Emergency Power Plan or any letter of approval.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968897	R **01/03/2019**
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 follow up survey was conducted on . . . at Harmony Homes, an assisted living facility (License #12740) in Lehigh Acres, Florida.

The following is a description of the deficiencies.

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

Based on record review, observation and staff interview, the facility failed to have physician orders for bed rails for 1 (Residents #2) of 2 resident records reviewed.

The findings included:

On . . . at 9:20 a.m., side rails were noted on Resident #2's bed. Review of Resident #2's record showed there was no physician order for the side rail.

On at 9:30 a.m., the facility staff said she does not know where the physician orders are for the side rails for Residents #2.

Class III

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

Based on record review and interview the facility failed to have documentation from a home health agency for care.

The findings included:

On at 9:15 a.m., a review of Resident #2's health assessment dated showed he required . . . care . . . . daily for a . . . . . .

On . . . . at 10:00 a.m., Resident #2 said someone from an agency was doing his . . . care, but doesn't remember which agency.

A review of the resident's record showed there was no documentation of care.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968897	R 01/03/2019
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)

On [redacted] at 10:05 a.m., the facility staff were unable to locate any [redacted] care documentation.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on facility record review and interview the facility failed to have an approved Comprehensive Emergency Management Plan.

The findings included:

Review of the facility records showed a letter from the county dated [redacted] which states, "Your Comprehensive Emergency Plan does not currently meet the Emergency Management Criteria ..."

During an interview on [redacted] at 10:30 a.m., facility staff said that was the only letter. She said, "I don't know of any other letter."

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on staff interview and facility record review, the facility failed to have an approved Emergency Power Plan.

The findings included:

A review of facility records showed the Emergency Power Plan was not available.

On [redacted] at 9:06 a.m., the facility staff said she was not able to find the facility's Emergency Power Plan or any letter of approval.

Class III