STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964835	**04/02/2019**
NAME OF PROVIDER OR SUPPLIER **HARMONY PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **11937 NW 31ST STREET CORAL SPRINGS, FL 33065**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Abbreviated Relicensure survey was conducted on at Harmony Place, License #9289. The facility had deficiencies at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review, interview, and observation, the facility failed to ensure a new Agency for Health Care Administration Health Assessment (AHCA Form 1823) was obtained upon a significant change, and reflective of the residents current care needs, for 1 of 2 sampled residents (Resident#1).

The findings included:

Review of the Home Health file for Resident #1 from "Confidential" revealed that Resident #1 began services with "Confidential" on for care to the right lower .

Review of the file revealed an AHCA 1823 form dated for that had no documentation that the resident had a or that the resident was receiving services from "Confidential" home health company. Further review of the file for Resident #1 revealed progress notes with documentation noting that the resident has been receiving home health services for care on and off since being admitted to the facility on . The facility never re-assessed upon the significant change or had a new 1823 form completed to reflect the residents current care needs.

During an interview with the Administrator's Designee at 4:30 PM on regarding Resident #1's change in health status the findings were discussed and acknowledged and the 1823 form was handed to the Designee for review. No additional information was provided for review during this time.

Class III

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observation, interview and record review, the facility failed to ensure that all staff assist residents with self-administered medications in accordance with proper state regulatory procedures, for 1 out of 1 sampled residents reviewed for medications (Resident #2).

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SUMMARY STATEMENT OF DEFICIENCIES
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The findings included:

While observing a medication pass between the times of 11:45 AM-1:00 PM with Staff C on , the following was observed:

Staff C washed her , took the medication out of the medication cart, took the pill from the medication package after reading the label, put the pill in the medication cup, took it to the resident, explained to the resident what they were getting, observed Resident #2 take the medications, then signed the Medication Observation Record (MOR).

Staff E gave the medication to Resident #2, observed the resident take the medication, and signed MOR for given without reviewing the MOR to determine that the right medication was given, at the right time, right route, or right dosage amount.

During an interview with the Administrator's Designee on at 12:37 PM, the findings were discussed and acknowledged. No additional information was provided for review.

Class III

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

Based on observation, interview and record review, the facility failed to have a Comprehensive Emergency Management Plan (CEMP) approved by the local emergency management agency.

The findings included:

Upon request to review the CEMP approval letter for the year of 2019 from the Local Emergency Management Division on , no current documentation was provided.

During an interview with the Administrator's Designee at 3:57 pm on it was stated that we never got a response from the local Emergency Management Division initially to know if it was rejected. It was further stated that we sent it by fax and it wasn't until later during the in-service that the local Emergency Management Division provided that we found out they don't take them by fax. The findings

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were discussed and acknowledged that facility does not have an approved CEMP, no further documentation was provided for review.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review, and interview, the facility failed to have an approved Emergency Environmental Control Plan (EECP) approved by the local emergency management agency

The findings included:

Upon completing a Generator Assessment for the facility on . . . . . documentation was requested to review the facility's EECP form approved by the local Emergency Management Division. Throughout the duration of the survey for that day, no documentation was ever provided.

During an interview with the Administrator's Designee on . . . . . at 4:15 PM it was stated that I have the packet with me and I was supposed to drop the packet off today but I had to be here. The findings were discussed and acknowledged that the facility does not have an approved EECP. No further information was provided for review during this time.

Class III