STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968897	R 04/15/2019
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 revisit survey was conducted on at Harmony Homes, an assisted living facility in Lehigh Acres, Florida. This was a second follow-up to the complaint and emergency power plan monitoring survey completed on .

The following is description of the deficiencies found at the time of the visit.

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

Based on observation, record reviews, and resident and staff interviews, the facility failed to honor resident's rights and ensure appropriate use of bed rails for 2 (Resident #3 and #5) of 3 residents observed with bed rails.

The findings included:

1. On at 8:45 a.m., during the initial tour of the facility with Caregiver Staff A, bed rails were observed on Resident #3's bed. The resident was not in bed but both rails were in the up position at the of the bed.

On at 8:45 a.m., Caregiver Staff A said Resident #3 uses the rails to reposition herself in bed.

On at 9:35 a.m., Resident #3 said she uses the bed rails to move in bed and sit up.

2. On at 8:45 a.m., during the initial tour of the facility with Caregiver Staff A, rails were observed attached to Resident #5's bed. At the time of the observation, Resident #5 was in bed and the rails were not in use.

On at 8:45 a.m., Caregiver Staff A said Resident #5 uses the bed rails at times. She said the resident is able to have the rails on when she wants them.

3. Review of the resident records for Residents #3 and #5 failed to reveal documentation of a physician's order for the use of the bed rails. The residents' records lacked documentation the residents' or responsible parties' authorized the use of the bed rails.

4. On at 10:20 a.m., the Assistant Administrator verified the lack of a physician's order and consent for the use of the bed rails for Residents #3 and #5. She said Resident #3's daughter

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purchased and installed the bed rails for her mother. She said Resident #5 was new to the facility and she did not have a physician's order for the use of bed rails.

Class III

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

Based on record review, and staff interview, the facility failed to have documentation of an approved comprehensive emergency management plan.

The findings included:

Review of the facility's comprehensive emergency management plan on . . . . failed to reveal documentation the plan was reviewed and approved by the local emergency management agency.

On at 10:35 a.m., the Assistant Administrator said she does not have a letter of approval from the local emergency management agency.

During a telephone interview on . . . . at 10:45 a.m., the Administrator said he met with the person in charge of reviewing the plan, but as of . . . . they have not received any communication to indicate their plan was reviewed and approved by the local emergency management agency.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

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

The findings included:

Review of the facility's Emergency Power Plan on failed to reveal documentation the plan was reviewed and approved by the local emergency management agency.

On . . . . at 10:35 a.m., the Assistant Administrator said she does not have a letter of approval from the local emergency management agency.

During a telephone interview on at 10:45 a.m., the Administrator said he met with the person in

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charge of reviewing the plan but as of . . . . they have not received any communication to indicate their plan was reviewed and approved by the local emergency management agency.

Class III