STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968897	**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 relicensure survey was conducted on . . . . at Harmony Homes, an assisted living facility in Lehigh Acres, Florida.

The following is a description of the deficiencies.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on a review of the personnel files, and administrative staff interview, the facility failed to maintain documentation of an annual negative . . . . . examination for 2 (Staff B and C) of 3 direct care staff reviewed.

The findings included:

1. Review of the personnel file for Caregiver Staff B revealed a date of hire of . The last health statement indicating the employee was free from communicable . . . . was for . The file did not contain an updated statement from a health care provider for 2018 or 2019 with evidence of a negative . . . . . examination.

Review of the personnel file for Caregiver Staff C revealed a date of hire of . . . . . The last health statement a examination was dated .

2. On at 2:18 p.m., the Assistant Administrator confirmed Staff B and C did not have yearly documentation of a negative . . . . . examination or diagnosis from a health care practitioner.

Class III

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0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on a review of the personnel files, and administrative staff interview, the facility failed to ensure direct care staff completed the required control training prior to providing any direct personal care to residents for 2 (Staff A and C) of 3 direct care staff reviewed. The facility failed to maintain documentation of the required training for 1 (Staff C) of 3 direct care staff within 30 days of hire.

The findings included:

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1. Record review revealed Staff A and C are direct caregivers with a hire date respectively of and . Their personnel files lacked documentation of the required control training.

2. Staff C had a hire date of . The personnel file lacked documentation of the following required trainings:
ADL (Activities of daily living) and Behavioral needs;
Elopement response training;
Reporting major incidents;
Resident rights, recognizing and reporting and neglect;
Nutritional and safe food handling; and
/ training.

3. On at 2:18 p.m., the Assistant Administrator verified the lack of documentation of the training in control.

Class III

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0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on observation, review of the personnel files, and administrative staff interview, the facility failed to maintain evidence of a current ( ) and first aid training for 3 (Staff A, B, and C) of 3 direct care staff reviewed.

The finding included:

1. On at 8:30 a.m., Staff A was the only staff member on duty and providing care to 7 residents.

Review of the personnel file revealed Caregiver Staff A had a hire date of . The personnel file lacked documentation of a and First Aid training.

2. Review of the personnel file revealed Caregiver Staff B had a hire date of . Review of the personnel file revealed the training of and First Aid expired on .

3. Review of the personnel file revealed Caregiver Staff C had a hire date of . Review of the personnel file revealed the training for and First Aid expired on .

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4. On at 1:45 p.m., the Assistant Administrator said she could not locate documentation of and First Aid training for Staff A. She said she did not have documentation of a current and First Aid certification for Staff B and C. The Assistant Administrator said only one staff per shift is present at the facility and they should have current First Aid and certifications.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC

Based on a review of the personnel files, and administrative staff interview, the facility failed to maintain documentation of annual training in nutrition and food service for 2 (Staff B and C) of 3 direct care staff who prepare and provide food services to the residents.

The findings included:

1. Review of the personnel file revealed Caregivers Staff B and Staff C had a hire date respectively of and . The personnel files lacked documentation of yearly continuing education in nutrition and food service since 2017.

2. On at 2:05 p.m., the lack of continuing education was verified by the Assistant Administrator.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on a review of the personnel files, and administrative staff interview, the facility failed to maintain evidence of training in ( ) for 1 (Staff C) of 3 direct care staff reviewed.

The findings included:

Review of the personnel file for Staff C revealed a date of hire of . The personnel file lacked documentation of training in .

On at 2:18 p.m., the Assistant Administrator verified the lack of training.

Class III

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review, and staff interview, the facility failed to ensure staff were listed on the facility roster 10 days of employment pursuant to chapter 435 for 4 (Staff A, D, E, and F) of 6 staff records reviewed. This has the potential for staff with disqualifying offenses to have access to adults at their place of residence.

The findings included:

1. Record review revealed Caregiver Staff A had a hire date of . As of she was not entered on the facility roster.

Record review revealed Caregiver Staff D had a hire date of . As of she was not entered on the facility roster.

Record review revealed Staff E had been the administrator of the facility since . As of he was not entered on the facility roster.

Record review revealed Caregiver Staff E left employment at the facility around . As of she was still listed on the facility roster.

2. On at 1:15 p.m., the Assistant Administrator verified the facility did not have a complete, accurate and updated listing of all employees on the facility roster.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observation, review of the personnel files and staff interview, the facility failed to maintain evidence of a level 2 background screening for 1 (Staff A) of 3 staff reviewed who provide personal care and services to the residents.

The findings included:

1. On at 8:30 a.m., Caregiver Staff A was the only staff member observed at the facility. She was providing personal care and services to 7 current residents.

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Review of the personnel file for Caregiver Staff A failed to reveal documentation of a background screening.

Review of the Agency for Healthcare Administration's background screening website on . . . failed to reveal documentation of a level 2 background screening for Staff A.

2. On at 1:15 p.m., the Assistant Administrator verified the lack of screening.

Unclassified