STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964835	R 06/10/2019
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

A revisit to a biennial survey was conducted at Harmony Place on . . . . . Deficiencies were found to be uncorrected at the time of the survey.

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 the process of assisting residents with self-administration of medications, by unlicensed staff are followed properly for 1 of 1 residents observed (Resident # 1).

The findings included:

On at 08:55 AM, an observation of the medication assistance pass was conducted. It was revealed that Staff A, an unlicensed staff, who was hired to work as a Home Health Aide, to provide direct care. She was observed in the dining room providing a spoon with three (3) pills on a spoon next to the plate of Resident # 1. Resident #1 refused to take the medication in the presence of Staff A. Staff A walked away from the table and left the pills in the spoon. The Staff advised the Surveyor at 09:10 AM, that the Resident had taken pills from the spoon. She was unable to provide the names of the medication.

At this time, a review of the Medication Observation Record (MOR) revealed that Staff A had pre-signed the MOR indicating that the resident had consumed the medication. The MOR indicated the following medications were ordered: 70 mg, 5 mg, 325 mg, 1 mg, Oyster Shell 500 mg, D 2 1.25 mg, , 500 mg, 1 %, , 0.25 mg, Trimcalone 0.1 %.

On at 11:00 AM, an interview was conducted with the Administrator's Designee. She stated that she had provided an in-service medication training with all of the staff on . She acknowledged that the proper process had not been followed by the staff because she did not announce the names of the medication, nor did she dispense the medication in it's original packaging in front of the resident, she did not assist with the , and she confirmed that the Staff should not have pre-signed the MOR.

Class III
Uncorrected

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SUMMARY STATEMENT OF DEFICIENCIES
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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:

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

b) On a review of the CEMP receipt was conducted. It was revealed that the most receipt approval letter was dated on . The approval letter is pending. Therefore, the facility was unable to provide proof of a current approved CEMP.

On an interview was conducted with the Administrator's Designee. She stated that the facility had to resubmit the plan to the local emergency management agency.

Class III
Uncorrected