Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968897	A. BUILDING: _____ B. WING _____	10/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY HOMES	711 CRESTLINE AVE S LEHIGH ACRES, FL 33974

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced monitoring visit was completed on [redacted] at Harmony Homes, an assisted living facility in Lehigh Acres, Florida. The following is description of the deficiencies found at the time of the visit.	A 000		
A 160	58A-5.024(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a [redacted]; and 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 58A-5.025,	A 160		

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A 160	Continued From page 1 F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 58A-5.026, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 58A-5.021, F.A.C.; (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 58A-5.0181, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C. (j) All food service records required in Rule 58A-5.020, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last 2 years.	A 160		

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A 160	Continued From page 2 (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to maintain an up-to-date admission and discharge log on site at the location and available for review. The findings included: The facility's Admission and Discharge Log was not on site and available at the time of the survey. Review of the Agency website indicated that the facility has a current Assisted Living Facility license for 8 residents. In an interview with the caregiver on at 9:45 a.m., she said there were a total of 9 residents living at the facility. She said Resident #1 had been transferred to the hospital for evaluation/treatment but was planning on returning to the facility. The caregiver said she did not have access to the facility Admission and	A 160		

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A 160	Continued From page 3 Discharge Log and the Assistant Administrator was responsible for the log. An observation of the medication storage closet was completed on [redacted] at 10:00 a.m., and inside the medication closet were 9 containers labeled with each resident's name with prescribed medications inside. In an interview with the Assistant Administrator on [redacted] at 11:00 a.m., she said the care staff had knowledge of the Admission and Discharge log's location and she could not explain why the log was not provided by the staff. The Assistant Administrator confirmed there were 8 residents currently residing at the facility and 1 resident was in the hospital. A total of 9 residents were living at the facility. Class III	A 160		

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CZ827	408.812 FS Unlicensed Activity 408.812 Unlicensed activity.- (1) A person or entity may not offer or advertise services that require licensure as defined by this part, authorizing statutes, or applicable rules to the public without obtaining a valid license from the agency. A licenseholder may not advertise or hold out to the public that he or she holds a license for other than that for which he or she actually holds the license. (2) The operation or maintenance of an unlicensed provider or the performance of any services that require licensure without proper licensure is a violation of this part and authorizing statutes. Unlicensed activity constitutes harm that materially affects the health, safety, and welfare of clients, and constitutes . . . . . and neglect, as defined in s. 415.102. The agency or any state attorney may, in addition to other remedies provided in this part, bring an action for an injunction to restrain such violation, or to enjoin the future operation or maintenance of the unlicensed provider or the performance of any services in violation of this part and authorizing statutes, until compliance with this part, authorizing statutes, and agency rules has been demonstrated to the satisfaction of the agency. (3) It is unlawful for any person or entity to own, operate, or maintain an unlicensed provider. If after receiving notification from the agency, such person or entity fails to cease operation, the person or entity is subject to penalties as prescribed by authorizing statutes and applicable rules. Each day of operation is a separate offense. (4) Any person or entity that fails to cease operation after agency notification may be fined $1,000 for each day of noncompliance. (5) When a controlling interest or licensee has an interest in more than one provider and fails to	CZ827		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ827	Continued From page 1 license a provider rendering services that require licensure, the agency may revoke all licenses, impose actions under s. 408.814, and regardless of correction, impose a fine of $1,000 per day, unless otherwise specified by authorizing statutes, against each licensee until such time as the appropriate license is obtained or the unlicensed activity ceases. (6) In addition to granting injunctive relief pursuant to subsection (2), if the agency determines that a person or entity is operating or maintaining a provider without obtaining a license and determines that a condition exists that poses a threat to the health, safety, or welfare of a client of the provider, the person or entity is subject to the same actions and fines imposed against a licensee as specified in this part, authorizing statutes, and agency rules. (7) Any person aware of the operation of an unlicensed provider must report that provider to the agency. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to obtain a licensure capacity increase prior to providing personal care, meals, and administration of medications to 1 (Resident #1) of 9 residents. The facility provided services to residents outside the current license capacity of eight. The findings included: In an interview with the caregiver on [redacted] at 9:45 a.m., she said there were a total of 9 residents living at the facility. She said Resident #1 had been transferred to the hospital for	CZ827		

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CZ827	Continued From page 2	CZ827		

evaluation/treatment on [redacted], but the resident was planning on returning to the facility. The caregiver said she did not have access to the facility's Admission and Discharge Log and the Assistant Administrator was responsible for the log.

In an interview with Resident #2 on [redacted] at 10:01 a.m., he said he was waiting for transportation to go see his fiancé, Resident #1 who was currently in the hospital. He stated that Resident #1 became very ill with a high during the afternoon of [redacted] and she was transported to the hospital. Resident #2 said he and Resident #1 lived at the facility but were planning to move to a new assisted living facility (ALF) run by the Assistant Administrator when it opened. He said the caregiver assisted him with his medications and also assisted Resident #1.

An observation tour of the facility was conducted with the caregiver on [redacted] at 10:15 a.m. The facility has 5 bedrooms, 4 bedrooms with 2 beds in each room and a 1 smaller bedroom identified as "staff bedroom" with a double bed. The caregiver said all 9 residents slept at the facility, and that the staff bedroom was utilized by a resident. She said all 9 residents had beds.

An observation of the facility's medication storage closet was completed on [redacted] at 10:20 a.m. Inside the medication closet were 9 containers each labeled with a resident's name and containing prescribed medications for each resident.

Review of Resident #1's [redacted] Medication Observation Record (MOR) indicated the resident had daily medications prescribed and the caregiver had documented the medications

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CZ827	Continued From page 3	CZ827		

were taken by the resident on . . . . . in the morning. Further review of the , MOR indicated the p.m. medications were not provided to Resident #1 on or after since she was in the hospital.

Review of Resident #2's . . , ... MOR indicated starting on a.m., the resident's a.m. and p.m. medications were taken as ordered and also from /19.
Review of Resident #2's . . . . . MOR indicated he received a.m. and p.m. medications on . . . . . and also on . . . . . in the a.m.

In an interview with the Assistant Administrator on at 11:00 a.m., she said the care staff had knowledge of the Admission and Discharge log's location and she could not explain why the log was not provided by the staff. The Assistant Administrator confirmed there were 9 residents currently residing at the facility and Resident #1 was in the hospital.

In an interview with the Administrator on at 9:57 a.m., he said Resident #1 and Resident #2 had been admitted (unsure of exact date) from another ALF and he had discharged them due to inability to pay for ALF services. He said he was misled to believe the residents had monetary funds available when he admitted them. He said when Resident #1 and #2 were discharged from the ALF, the Assistant Administrator had moved them into her personal home. He stated, "it was news to him, that they were at the ALF." He said he had been informed by the Assistant Administrator she had lost water at her home and was the reason why she had Resident #1 and Resident #2 staying at the ALF. He said he had not given his permission for their readmission and therefore caused the overcapacity.

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CZ827	Continued From page 4 Unclassified	CZ827		