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
	AL11910117	A. BUILDING: _____ B. WING _____	02/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY RETIREMENT LIVING, INC	1411 EL PASO AVENUE ORLANDO, FL 32806

(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 A Complaint investigation #2021001866 and control assessment was conducted at Harmony Retirement Living, Inc., with Limited Mental Health (LMH) on . There were deficiencies found at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident ' s representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident ' s representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of	A 025		

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A 025	Continued From page 1 resident diets in accordance with rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a written incident report, and supporting documentation evidence that supervision measures was in place for 1 of 1 sampled resident (#1) as required after the local law enforcement agency involved. Findings: On at approximately 6 PM, the Orlando Police Department was called by the Administrator when resident #1 failed to return to the facility by 5 PM, after signing out at 9 AM the same morning for a doctor's , ,	A 025		

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A 025	Continued From page 2 (Photographic Evidence Obtained) On at 6:20 PM, the local law enforcement agency found and returned resident #1 at the corner of Curry Ford road and El Paso Avenue approaching the facility. He was not harmed. Reviewed resident #1s record revealed admission date . . . . . . Resident #1 was not an elopement risk and do not have any mental health conditions. The 1823 Health Assessment dated documented that he was independent with all activities of daily living (ADLs) but needed assistance with self-administration of medications. There was no facility documentation about this incident that occurred and no safety measures for supervision put in place to ensure this does not happen again. Another incident on at approximately 9 PM, bedtime for the facility and last seen by caregiver staff A in bed. Resident #1 left the facility through the exit door in his room without any pants on. Caregiver staff A woke up the next morning on . . . . . at 6 AM and discovered that resident #1 was not in his room or in the facility. Caregiver staff A called 911 and the Orlando Police department had found him the night before on . . . . . at approximately 11:30 PM not harmed and took him to Orlando Regional Medical Center for further assessment. Resident #1 never returned to the facility and was taken to another Assisted Living Facility on . . . . . . Observation on at 10:55 AM, the room and exit door where resident #1 lived in both	A 025		

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A 025	Continued From page 3 incidents. The door has a sign that states exit. The door was locked but resident #1 had got the key to unlock it and left on ..... at 9 PM bedtime. On at 11:30 AM, an interview with caregiver staff A about the incident. Staff A stated that he was working that night and did not hear him leave on ..... He further stated that the police asked him for a written report and identification. Staff A stated he wrote facility notes about this incident in the record but did not get a copy of the police report. (Photographic Evidence Obtained) On at 2 PM, an interview with the Administrator confirmed the findings and further stated that the facility has a notebook for the staff to document in but could not locate it. Class III	A 025		
CZ821	59A-35.110 FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under chapter 408, part II, F.S., or authorizing statutes for the provider type as specified in section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled	CZ821		

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CZ821	Continued From page 4 person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections; and, (f) Approval of revisions to emergency management plans. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and availiable at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 2. Assisted living facilities: a. Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 days after the occurrence of the incident as required in section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and availiable at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse	CZ821		

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CZ821	Continued From page 5 incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. b. Liability claim reports required pursuant to section 429.23(5), F.S., and rule 58A-5.0242, F.A.C. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and availiable at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and availiable at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. (b) The licensee must retain a copy of all	CZ821		

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CZ821	Continued From page 6 documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: Based on facility's records and interview, the facility failed to electronically submit an Adverse incident to the Agency for Health Care Administration (AHCA) within 15 calendar days required for 1 of 1 sampled resident (#1) after two separate incident occurrences involving the local law enforcement agency. Findings: On . . . . . at 6 PM, the Administrator called 911 to report that resident #1 was missing after he signed out 9 AM in the morning going to a doctor's , , and never returned to the facility by 5 PM. On . . . . . at 6:20 PM, the local law enforcement agency found and returned resident #1 at the corner of Curry Ford road and El Paso Avenue approaching the facility. He was not harmed. Another incident occurred on . . . . . at approximately 9 PM, bedtime for the facility and last seen by caregiver staff A in bed. Resident #1 left the facility through the exit door in his room without any pants on. Caregiver staff A woke up next morning on at 6 AM and discovered that resident #1 was not in his room or in the facility. Caregiver staff A called 911 and the	CZ821		

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CZ821	Continued From page 7 Orlando Police department had found him night before at approximately 11:30 PM not harmed and took him to Orlando Regional Medical Center for further assessment. Resident #1 never returned to the facility and was taken to another Assisted Living Facility on . There was no documented evidence that an adverse incident was reported and submitted to the Agency as required. On at 2 PM, an interview with the Administrator confirmed the finding and further stated that she forgot.	CZ821		