STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910117	01/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harmony Retirement Living, Inc	1411 El Paso Avenue Orlando, FL 32806	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
The re-licensure survey with Extended Congregate (ECC) and Limited Mental Health (LMH) was conducted on 1/3o/14.

The facility had deficiencies found during the visit.

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observations, record review and interview the facility failed to ensure that except with respect to the use of pill organizers no person other than a pharmacist transferred medications from one storage container to another; for 1 of 4 medication passes (#5).

Findings:

Observations during the medication pass on at approximately 12:50 PM for resident #5 noted the bottle labeled 75 mg dated indicated take 2 tablets in the morning and 1 at noon. The bottle seemed it had too many pills inside since it was dispensed on A count of the pills at the time reveled there were a total of 92 pills inside. The prescription label indicated 120 pills had been dispensed; therefore a few pills should remain.

Another bottle labeled 75 mg dated indicated take 2 tablets in the morning and 2 at noon. Another bottle dated indicated 75 mg take 2 tablets twice daily, 120 pills were dispensed.

The 2014 Medication Observation Record indicated 75 mg dated indicated take 2 tablets in the morning and 2 at noon. A prescription dated indicated 75 mg take 2 tablets twice a day.

In an interview with the administrator on at approximately 12:45 PM, who stated the resident did not have insurance to pay for her medications, so she brought her the medications. She changed pharmacies in and the old pharmacy still brought a

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month's supply. Since she paid for the medication, she kept them since the resident will continue to need the medication. In she transferred to the big box pharmacy and therefore another refill was given.

In an interview with staff #B on at approximately 12:45 PM, who stated she took the medications from one bottle and put them in another because she had too many bottles. She did not know that she was not allowed to transfer medication from one container to another to keep the medication together.

In an interview with resident #5 on at approximately 11:45 PM, who stated she had never experienced a problem with her medication and the medication was always available.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure the personnel records for 1 of 4 sampled staff (#B) contained verification of freedom from yearly.

Findings:

Personnel record review on at approximately 4 PM for staff #B revealed no evidence to confirm that she had provided the facility a statement from a health care provider to verify freedom from for 2014. The last documented statement was dated

In an interview with the administrator on at approximately 4:30 PM she stated she had not realized that a year had passed and the staff needed a test.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Harmony Retirement Living, Inc
1411 El Paso Avenue
Orlando, FL 32806

Dear Administrator:

Re: Biennial relicensure w/ECC/LMH

This letter reports the findings of a state licensure survey that was conducted on 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2014,** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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