

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911084	(X3) DATE SURVEY COMPLETED 02/24/2017
NAME OF PROVIDER OR SUPPLIER THE HARMONY HOUSE OF OCALA	STREET ADDRESS, CITY, STATE, ZIP CODE 5762 S.W. 60TH AVENUE OCALA, FL 34474	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

On , 2017 through , 2017, a change of ownership survey was conducted at The Harmony House Assisted Living Facility (facility license number 5828). Deficient practice was identified during the survey.

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

Based on record review and interview, the facility failed to ensure 1 of 3 staff (Staff C) had a statement completed by a health care provider that verified the employee did not have signs or symptoms of communicable (including) documented in the employee's personnel file.

Findings:

On , a record review of Staff C's personnel file, date of hire , showed no documentation of a statement completed by a health care provider that verified Staff C did not have signs or symptoms of communicable (including).

During an interview on at 10:13 AM, the facility Director of Administration confirmed Staff C's personnel file did not contain documentation of a statement completed by a health care provider that verified Staff C did not have signs or symptoms of communicable (including).

Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on record review and interview, the facility failed to ensure 1 of 3 staff (Staff B) received 4 hours of Training Level I within 3 months of hire.

Findings:

On , a record review of Staff B's personnel file, date of hire , failed to reveal documentation that Staff B had received 4 hours of Training Level I within 3 months of hire.

During an interview on at 10:02 AM, the facility Director of Administration confirmed that Staff B's personnel file did not contained documentation that Staff B had had received 4 hours of Training Level I within 3 months of hire.

Class III

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0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observation and interview, the facility failed to ensure a clean and hazard-free environment in 2 of 3 resident hallways (100 and 200 Hallways) and in 2 of 2 facility areas (Kitchen and Dining . . .) where food items are prepared and served to residents. Findings: 1.) An observation made, during the tour of the facility, on . . . at 10:05 AM, of the inside exit door, leading from the 100 Hallway sitting area to the outside patio courtyard, showed it was in need of painting as it was observed to have multiple black scuff marks at the bottom of the door. Several of the resident door casings observed, in the 100 Hallway, and the baseboard in front of the entrance door to the 200 Hallway, were observed to be in need of painting. During the tour of the facility in the 100 Hallway on . . . at 10:10 AM, two areas of concern, were noted in the ceramic tile flooring. These areas observed in the hallway leading to the resident . . . are used by the residents every day, several times a day. In front of (Vacant Resident . . .) is a large chip of ceramic tile missing which abuts the carpeting strip in the hallway where the carpeting and ceramic tile meet which could possibly pose as a safety/ . . . hazard. An observation was made on . . . at 11:18 AM of heavily stained carpet located in front of the inside exit door which is heavily trafficked by residents going in and out of the exit door leading to the outdoor patio. A second area of concern with the ceramic tile flooring observed on . . . at 1:05 PM revealed a chipping of the ceramic tile in two places near the seam of the carpeting strip. These damaged tiles are located about . . . feet away from the first observation in the 100 Hallway. This hallway is frequently accessed by the residents and poses a possible safety/ . . . hazard. During an interview with the Director of Dietary Services on . . . at 9:18 AM, an observation was made in the kitchen. The ceiling vent located slightly left of center, above the double wash sink in the kitchen was observed to be covered with a textured substance, covered with other particles and in need of cleaning. The Director of Dietary Services confirmed the surveyor observation. During an tour and interview with the Director of Maintenance, on . . . at 10:33 AM, he confirmed the environmental areas of concern noted by the surveyor were areas that needed to be addressed and repaired.		

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2.) On at 12:20 PM, the main facility activity/dining area was observed. The large overhead ceiling vent in the activity television area was observed to be covered with a dark textured substance and the large overhead ceiling vent in the dining area was observed to be covered with a white textured substance. During interview on at 12:22 PM, the facility Maintenance Director confirmed the large overhead ceiling vent in the activity television area of the facility was covered with a dark textured substance and the large overhead ceiling vent in the dining area was covered with a white textured substance. He agreed that the large overhead ceiling vents needed to be cleaned. PHOTOGRAPHIC EVIDENCE OBTAINED. Class III		