

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 686124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER HARMONY HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 9820 N KENDALL DRIVE MIAMI, FL 33176	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and interview, the facility failed to ensure clinical records were complete and accurate as evidenced by 1.) failure to ensure Dermatology consults and care plans were readily accessible and on file in the clinical record for one (resident #6) of three residents reviewed for skin conditions out of ten residents whose clinical records were reviewed. There were 173 residents residing in the facility at the time of the survey. The findings included: Record review revealed resident #6 was admitted to the facility on [DATE]. At the time of admission, resident #6 did not have any [DIAGNOSES REDACTED]. Review of the clinical record to include the active and thinned records revealed the following Dermatology Consults on file: Reason for Visit dated 8/1/19 indicated resident # 6 Dermatology visit was for: Pruritis and rash to right upper back. Diagnosis: [REDACTED]. Follow up in 6-8 weeks as needed. Dermatology visit on 9/12/19, reason for visit was noted as follow up: Diagnosis: [REDACTED]. Follow up in 8-10 weeks as needed. Dermatology visit on 10/30/19, reason for visit: Rash, Pruritis to back and legs. Diagnosis: [REDACTED]. Plan: [MEDICATION NAME] 0.1% Ointment, apply topically to back and lower legs for 7 days. [MEDICATION NAME] 25 mg (milligrams) every 8 hours prn (as needed) for 10 days. Follow up in 6-8 weeks as needed. Dermatology visit on 11/5/19, reason for visit: Redness, Pruritis to back and posterior lower legs. Diagnosis: [REDACTED]. Plan: [MEDICATION NAME] 1% topical BID (twice daily) to back area, posterior lower leg region for 10 days. Sign consent for biopsy as needed if worsening of patient's skin condition. Continue [MEDICATION NAME] 0.1% BID for 7 days. Follow up in 4-6 weeks as needed. Review of the physician orders [REDACTED]. #6 was receiving ongoing treatments through June 24, 2020. Physician orders [REDACTED]. Apply over generalized body. Diagnosis: [REDACTED]. Physician orders [REDACTED]. Diagnosis: [REDACTED]. Physician orders [REDACTED]. Diagnosis: [REDACTED]. [MEDICATION NAME] ointment 0.05% topical twice daily for 10 days. Apply topical ointment in affected area (bilateral arms, chest and back). Diagnosis: [REDACTED]. Diagnosis: [REDACTED]. Plan: [MEDICATION NAME] 0.1% to over generalized body twice daily for 7 days. [MEDICATION NAME] 25 mg oral every 8 hours prn for 30 days. Skin Biopsy as needed. Follow up in 4-6 weeks as needed. Dermatology consult dated 3/1/20, reason for visit: Crust/pustule to bilateral hands and left external ear redness. Diagnosis: [REDACTED]. Plan Mupirocin Ointment 2% topical daily to bilateral hands and left ear. External area for 7 days. Follow up in 6-8 weeks as needed. Dermatology consult dated 6/5/20, reason for visit: Redness to back chest (popular rash hives). Diagnosis: [REDACTED]. Dermatology consult dated 6/24/20 [MEDICATION NAME] 25 mg tablet PO every 8 hours as needed for 30 days for Pruritis. [MEDICATION NAME] ointment 0.05% topical BID x 10 days. Apply topical ointment in affected area (bilateral arms, chest and back). Diagnosis: [REDACTED]. Interview with the Director of Nursing (DON) on 6/24/20 at 9:00 AM revealed, she obtained these consults from the Dermatologist's office today. The DON could not explain why the consults were not on file in the clinical record. Review of the clinical record to include the active record and the thinned records revealed no care plan to address resident #6's ongoing skin condition. Interview with the wound Care Nurse (staff E) on 6/24/20 at 9:20 AM revealed, when the nurse reports a rash to me, I assess the rash, report to the supervisor and refer to the Dermatologist. I do the assessment but, I would not write a note in the chart and I do not write the care plan. Interview with the MDS (minimum data set) Coordinator (staff F) on 6/24/20 at 11:12 AM revealed, if a resident has a rash or a chronic skin condition, we would develop a care plan to address the skin condition. Review of the active and thinned records for resident #6 with staff F revealed there was no care plan on file to address the skin condition. Interview with Licensed Practical Nurse (staff G) on 6/24/20 at 11:53 AM revealed, she is responsible for the care plans for resident on the resident #6's unit. Staff G stated, if a resident has a rash, I will write the care plan and then resolve it at the end of the treatment. The care plan are written each time a treatment is ordered, and the target date for resolution is when the treatment is discontinued. If a resident has a chronic condition, we place the call for a Dermatology consult. I am the person who does the MAR (medication administration record) turnovers, so I see all the treatments. I am sure resident #6 had multiple care plans to address her skin condition. On 6/24/20 at 12:00 PM, staff G provided the following care plan dated 6/5/20. Resident at risk for skin impairments, complications related to back and chest rash. Staff G revealed the care plan was at the nurse's station waiting to be filed. Review of the clinical record including the active and thinned records with staff G revealed no additional active or resolved care plans to address resident #6's ongoing skin condition. Interview with the DON on 6/24/20 at 2:46 PM revealed resident #6 is being followed by the Dermatologist for what seems to be a Chronic [MEDICAL CONDITION]. The DON stated that resident #6 is seen every few months by the Dermatologist and they have order multiple treatment regimens. The rash improved with treatment, but then returned. The Dermatologist was notified, and treatment orders obtained. If a care plan is implemented and then resolved the care plans are thinned and maintained in the medical record. The medical records are maintained for a period of seven years. The resolved care plans are filed in medical records. Also, the Dermatology consults should be filed in the current record or the thinned record. The reports are filed by the unit secretary or the nurse. The DON stated, Yesterday I called the Dermatologist to get copies of the consults. Some of them were in the chart, but not all the consult reports were on file in the record. They may have been misfiled. If there is an order for [REDACTED]. The Dermatologist comes here, the residents do not go to her office. The expectation is for the Dermatologist to leave the consult report to be filed in the chart. Interview with the Medical Records Director on 6/24/20 at 3:06 PM revealed the charts are thinned every three months. The items are maintained in the thinning chart in medical records. The records are maintained in the building for five years. The Unit Secretary is responsible for filing any appointment records and consults in the charts. The Medical Records Director stated, I check the charts to make sure the consults are up to date and paperwork is filed in the chart. The results of the consults should be filed in the chart. When the doctor comes, they put the paper in the chart. I check the telephone orders and if there is an order for [REDACTED]. Consult: Last one of each kind.</p> <p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, interviews and record review, the facility failed to follow infection control practices to avoid cross contamination for 20 out of 20 residents, as evidenced by four(4) out of five (5) Certified Nursing Assistants failure to perform hand hygiene before and after direct contact with residents and after touching objects in resident's immediate surroundings such as, frequently touched surfaces including over bed table, television, bed remote control and door knobs for Resident's #11, #23, #24, #12, #9, #13, #14, #25, #15, #16, #17, #18, #19, #3, #6, #26, #8, #20, #21 and #22. There were 173 residents residing in the facility at the time of the survey. The findings included: Review of the World Health Organization (WHO) indicates the five (5) Moments for Hand Hygiene approach defines the key moments when health-care workers should perform hand hygiene include : Before touching a patient. Perform hand hygiene on entering the patient's zone before touching the patient, before a procedure. Immediately before a procedure, after a procedure or body</p>		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, interviews and record review, the facility failed to follow infection control practices to avoid cross contamination for 20 out of 20 residents, as evidenced by four(4) out of five (5) Certified Nursing Assistants failure to perform hand hygiene before and after direct contact with residents and after touching objects in resident's immediate surroundings such as, frequently touched surfaces including over bed table, television, bed remote control and door knobs for Resident's #11, #23, #24, #12, #9, #13, #14, #25, #15, #16, #17, #18, #19, #3, #6, #26, #8, #20, #21 and #22. There were 173 residents residing in the facility at the time of the survey. The findings included: Review of the World Health Organization (WHO) indicates the five (5) Moments for Hand Hygiene approach defines the key moments when health-care workers should perform hand hygiene include : Before touching a patient. Perform hand hygiene on entering the patient's zone before touching the patient, before a procedure. Immediately before a procedure, after a procedure or body</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>fluid exposure risk, after touching a patient and after touching a patient's surroundings. The Center for Disease and Control Prevention (CDC) guidance titled Hand Hygiene in Healthcare Settings last revised on 01/31/20 documents . Use an Alcohol-Based Hand Sanitizer .Immediately before touching a patient . After touching a patient or the patient's immediate environment . Immediately after glove removal. Hands should be washed with soap and water for at least 20 seconds . On 06/23/20 at 10:54 AM, Staff A, a Certified Nursing Assistant was asked to introduce Resident #11 to the surveyor. Observation revealed Staff A opened the room door, entered Resident #11's room and without performing hand hygiene, Staff A repositioned Resident #11's left arm and rearranged his cover sheet. Further observation revealed Staff A, left the resident's room with the surveyor without performing hand hygiene prior to leaving the room, closed the room door, came out to the hallway and did not perform hand hygiene before or after exiting the resident's room. On 06/23/20 at 10:59 AM, Staff A, a Certified Nursing Assistant was asked to introduce Resident #23 and Resident #24 to the surveyor. Observation revealed Staff A opened the room door, entered Resident #23 and #24's room and did not perform hand hygiene. Further observation revealed Staff A touched Resident #24's water cup and then without performing hand hygiene, retrieved Resident #24's roommate, Resident #23's water cup and assisted Resident #23 with hydration. Further observation revealed Staff A left the residents' room with the surveyor, closed the room door. Staff D did not perform hand hygiene prior to and after leaving the room. On 06/23/20 at 11:05 AM, Staff A, a Certified Nursing Assistant was asked to introduce Resident #12 to the surveyor. Observation revealed Staff A opened the room door and entered Resident #12's room. Staff A did not perform hand hygiene before direct contact with the resident. Staff A was asked when was the last time she check on Resident #12's brief and without hand hygiene and without gloves, Staff A lifted the resident's cover sheet (linen), checked on his brief, rearranged one of the brief flap that was loose and then covered him back up with the sheet. On 06/23/20 at 11:08 AM, Staff A stated that she would automatically perform hand washing in the bathroom when she entered the resident's room, before feeding a resident Observation revealed Staff A, left the room with the surveyor and did not perform hand hygiene prior to leaving the room, she closed the room door, went out to the hallway and without performing hand hygiene, Staff A, knocked at a random resident's room door and then entered another random residents' room. On 06/23/20 at 11:14 AM, Staff A and was asked why she did not perform hand hygiene before resident contact or after resident contact or after contact with resident surroundings for Residents #11, #23, #24 and #12's room and after touching resident's water cup, cover sheet and brief for Resident #12. Staff A only confirmed that she did not do hand washing between residents. On 06/23/20 at 11:17 AM, Staff B, a Certified Nursing Assistant .was asked to introduce Resident #9 to the surveyor. Observation revealed Staff B opened the room door, entered Resident #9 room and without performing hand hygiene, Staff B repositioned the over bed table. Further observation revealed Staff B left the resident's room with the surveyor, without performing hand hygiene prior to leaving the room, closed the room door, came out to the hallway and did not perform hand hygiene before or after exiting the resident's room. On 06/23/20 at 11:17 AM, Staff B, a Certified Nursing Assistant was asked to introduce Resident #13 to the surveyor. Observation revealed Staff B opened the room door, entered Resident #13's room, Staff B adjusted Resident #13's television (TV) volume utilizing the TV remote control. Further observation revealed Staff B left the resident's room with the surveyor, without performing hand hygiene prior to leaving the room, closed the room door, came out to the hallway and did not perform hand hygiene before or after exiting the resident's room. On 06/23/20 at 11:20 AM, Staff B, a Certified Nursing Assistant was asked to introduce Resident #14 to the surveyor. Observation revealed Staff B opened the room door, entered Resident #14 room. Without performing hand hygiene, Staff B donned gloves, removed the resident's cover sheet away from her hands per surveyor request. Further observation revealed Staff B removed her gloves, did not perform hand hygiene, left the resident's room with the surveyor, closed the room door, came out to the hallway and did not perform hand hygiene before or after exiting the resident's room. On 06/23/20 at 11:25 AM, Staff B, a Certified Nursing Assistant was asked to introduce Resident #25 to the surveyor. Observation revealed Staff B opened the room door, entered Resident #25's room, Staff B repositioned Resident #25's pillow. Further observation revealed Staff B left the resident's room with the surveyor, did not perform hand hygiene, closed the room door, came out to the hallway and did not perform hand hygiene before or after exiting the resident's room. On 06/23/20 at 11:30 AM, Staff B, a Certified Nursing Assistant, was asked to introduce Resident #15 to the surveyor. Observation revealed Staff B opened the room door, entered Resident #15's room, Staff B repositioned the head of the bed for Resident #15's utilizing the bed remote control, she retrieved a plastic bag out of her pocket and placed in the trash can. Further observation revealed Staff B left the residents room with the surveyor, without performing hand hygiene, closed the room door, came out to the hallway and did not perform hand hygiene before or after exiting the resident's room. On 06/23/20 at 11:35 AM, observation revealed Staff B with long (about one inch) acrylic fingernails. During an interview Staff B was asked about the facility's policy regarding the use of acrylic nails. Staff B stated that she has not been told anything about wearing long nails. Staff B stated that she is very careful when doing resident care because of her long nails and added that she did not know her fingernails length. Staff B was asked why she did not do hand hygiene while interacting with residents during round with the surveyor. Staff B stated that she was supposed to do hand hygiene between residents but did not do not. Review of the facility policy revealed: fingernails must be maintained clean and appropriate length . On 06/24/20 at 1:30 PM, the Assistant Director of Nursing (ADON)/Infection Preventionist (IP) and stated that when she hired staff, she checks their fingernails and tells them not to wear them too long. The Infection Preventionist was unable to state what was the appropriate length of a fingernail as stated on the facility policy. The ADON/IP was apprised that one of four direct care staff with acrylic long nail on the second floor is wearing acrylic nails about one inch long. The ADON/IP stated that she does not see a problem with acrylic nails and added that short can get dirt the same way a long nail will. The ADON/IP confirmed that the facility dress code does not state a fingernails length. Review of the Center for Disease and Control Prevention (CDC) website guidelines: Hand Hygiene in Healthcare Settings https://www.cdc.gov/hand-hygiene/providers/index.html indicates that health care personnel should not wear artificial nails and should keep natural nails less than one quarter inch long if they care for patients at high risk of acquiring infections. On 06/23/20 at 11:45 AM, an interview was conducted with Staff C, a Certified Nursing Assistant. Staff C was asked to introduce Resident #16 to the surveyor. Observation revealed Staff C opened the room door, entered Resident #16's room and without performing hand hygiene, Staff C repositioned the resident's overbed table. Further observation revealed Staff C left the resident's room with the surveyor, without performing hand hygiene prior to leaving the room, closed the room door, came out to the hallway and did not perform hand hygiene before or after exiting the resident's room. On 06/23/20 at 11:50 AM, an interview was conducted with Staff C, a Certified Nursing Assistant. Staff C was asked to introduce Resident #17 and #18 to the surveyor. Observation revealed Staff C opened the room door, entered Residents #17 and #18 room and without performing hand hygiene, Staff C rearranged Resident #17's cover sheet, then without performing hand hygiene, Staff C went over to Resident #17's roommate, Resident #18 and fixed her TV by touching the TV buttons and the TV remote control. Further observation revealed Staff C left the residents' room with the surveyor, without performing hand hygiene prior to leaving the room, closed the room door, came out to the hallway and did not perform hand hygiene before or after exiting the resident's room. On 06/23/20 at 11:58 AM, an interview was conducted with Staff C, a Certified Nursing Assistant. Staff C was asked to introduce Resident #19 to the surveyor. Observation revealed Staff C opened the room door, entered Resident #19 room. Observation revealed a foul odor and a yellow bag on top of the resident's nightstand. Staff C confirmed the foul odor, Staff C retrieved the resident's yellow bag, opened the bag, stated there were some oranges inside the bag, went out to the hallway, touched the pantry door knob, threw the yellow bag in the garbage, came out of the pantry room. Further observation revealed Staff C returned to the resident's room and closed the room door, she came out to the hallway and did not perform hand hygiene at any point. On 06/23/20 at 12:05 PM, observation revealed Staff C with a pocket size hand sanitizer hanging on her chest. An interview was conducted with Staff C, she stated that she does hand hygiene before assisting residents with meals, when taking care residents and when entering residents' room. Staff C was asked why she did not do hand hygiene when interacting with residents. Staff C acknowledged that she did not perform hand hygiene. On 06/23/20 at 12:08 PM, Staff D, a Certified Nursing Assistant, was asked to introduce Resident #3 to the surveyor. Observation revealed Staff D opened the room door, entered Resident #3 room. Staff D repositioned the resident's over bed table, rearranged the resident's cover sheet and her gown. Further observation revealed Staff D left the residents room with the surveyor, closed the room door, came out to the hallway and did not perform hand hygiene before or after exiting the room. On 06/23/20 at 12:10 PM, Staff D, a Certified Nursing Assistant was asked to introduce Resident #6 to the surveyor. Staff D stated that Resident #6 has a skin rash and a hip dressing. Observation revealed Staff D opened the room door, entered Resident #6's room Staff D rearranged resident #6's cover sheet. Observation revealed Staff D with her bare hands, touching her forearms from side to side in a crisscross motion. Observation revealed Staff D proceeded to the bathroom and performed hand washing by rubbing her hands together under</p>		

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 2)</p> <p>running water for three (3) seconds. Further observation revealed Staff D assisting Resident # 6 roommate, Resident #26 with her lunch tray. Further observation revealed Staff D left the residents room with the surveyor, did not perform hand hygiene prior to leaving the room, closed the room door, came out to the hallway and did not perform hand hygiene after exiting the resident's room. On 06/23/20 at 12:19 PM, Staff D, a Certified Nursing Assistant was asked to introduce Resident #8 to the surveyor. Observation revealed Staff D opened the room door, entered Resident #8's room and without performing hand hygiene, Staff D repositioned the resident's bed utilizing the bed remote control. Further observation revealed Staff D left the resident's room with the surveyor, without performing hand hygiene prior to leaving the room, closed the room door, came out to the hallway and did not perform hand hygiene after exiting the resident's room. On 06/23/20 at 12:21 PM, Staff D, a Certified Nursing Assistant, was asked to introduce Resident #20 to the surveyor. Observation revealed Staff D opened the room door, entered Resident #20's room, Staff D repositioned the resident's over bed table. Further observation revealed Staff D left the resident's room with the surveyor, without performing hand hygiene prior to leaving the room, closed the room door, came out to the hallway and did not perform hand hygiene before or after exiting the resident's room. On 06/23/20 at 12:26 PM, Staff D, a Certified Nursing Assistant, was asked to introduce Resident #21 and #22 to the surveyor. Observation revealed Staff D opened the room door, entered the resident's room and without performing hand hygiene, Staff D repositioned Resident #21's pillow, moved over to her roommate Resident #22 checked her tray, and repositioned the cover sheet. Further observation revealed Staff D left the residents' room with the surveyor, without performing hand hygiene prior to leaving the room, closed the room door, came out to the hallway and did not perform hand hygiene before or after exiting the resident's room. On 06/23/20 at 12:30 PM, Staff D stated that, she is supposed to do hand hygiene every time she enters a resident's room and added that she did not do it with the surveyor. The facility's hand hygiene policy dated 10/2019 titled Hand Hygiene indicates: Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice .hand hygiene table documents that either antimicrobial soap and water or alcohol based hand rub to be used between residents contacts, after handling contaminated objects .before applying and after removing personal protective equipment (PPE) including gloves .before and after handling clean or soiled linens, etc. On 06/24/20 at 1:30 PM, the facility's Assistant Director of Nursing /Infection Preventionist (ADON/IP) stated that she expects the staff to do hand washing with soap and water after three uses of hand sanitizer, and if they touch any surfaces like the food tray, after resident contact, if they do repositioning of a pillow or a sheet and in between residents. The ADON/IP was apprised that during the observations conducted on the second floor, four (4) of five (5) Certified Nursing Assistants did not perform hand Hygiene that includes both hand washing and use of alcohol-based hand rub (ABHR),before and after patient contact, after contact with resident surroundings and after touching objects in resident's immediate surroundings such as, frequently touched surfaces.</p>		