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
	AL11964324	A. BUILDING: _____ B. WING _____	R 12/09/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMMOND HOUSE (THE)	5301 MCKINLEY STREET HOLLYWOOD, FL 33021

(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 revisit to the Relicensure survey was conducted by desk review on [redacted] for Hammond House, The. The facility had an uncorrected deficiency at the time of the review.	{A 000}		
{A 078}	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable [redacted]. The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of [redacted] testing materials satisfies the annual [redacted] examination requirement. An individual with a positive [redacted] test must submit a health care provider's statement that the individual does not constitute a risk of [redacted]. 2. If any staff member has, or is suspected of having, a communicable [redacted], such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable [redacted]. (b) Staff must be qualified to perform their	{A 078}		

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{A 078}	Continued From page 1 assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide evidence of a written statement from a health care provider documenting 1 of 3 sampled employees does not have any signs or symptoms of a communicable and evidence of a negative ( ) exam completed on an annual basis (Administrator).	{A 078}		

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{A 078}	Continued From page 2 The findings included: On during review of the employee personnel file for the Administrator, whose hire date was , there was no health statement from a health care provider confirming the Administrator was free from any communicable . . . . . , including . On . . . . . at 11:00 AM, an interview was conducted with the Assistant Administrator. She was made aware the documents were missing from the Administrator's file. No evidence of the requested information was forthcoming by 3:00 PM on . On at 11:38 AM, the Administrator was notified via email that a Desk Review was being conducted in lieu of an on-site revisit. At this time, a copy of a current health statement verifying freedom from communicable , including . was requested, as this document was not included in his Plan of Correction or its supporting documents. On at 10:31 AM, the Assistant Administrator was informed, via telephone, that a copy of the health statement confirming freedom from communicable , including , for the Administrator was needed in order to complete the Desk Review. On at 9:15 AM, the Assistant Administrator was contacted via telephone. She stated that the Administrator was out of town, and she is having trouble getting his health statement. She stated she was she was going to try to reach his doctor to see if he would provide the required health statement.	{A 078}		

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{A 078}	Continued From page 3 On at 9:18 AM, the Administrator and Assistant Administrator was notified via email that this deficiency could not be corrected due to the failure to provide any documentation confirming the Administrator is free from any signs or symptoms of communicable . . . . . , including . Class III Uncorrected	{A 078}		