

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966441	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 09/10/2025
NAME OF PROVIDER OR SUPPLIER HAMPTON DEERWOOD ALF, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1810 SE 16TH AVENUE OCALA, FL 34471		
(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 An unannounced complaint investigation (complaint number 2025013082) was conducted at Hampton Deerwood ALF, LLC on September 10, 2025. Deficiencies were identified at the time of the survey.	A 000			
A 079	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 6-15 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times	A 079			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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A 079	Continued From page 1 when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and Cardiopulmonary Resuscitation (CPR) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or CPR courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and CPR. 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least 21 years of age must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or	A 079			

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A 079	Continued From page 2 manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require	A 079			

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A 079	Continued From page 3 additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure a staff member who has completed courses in First Aid and Cardiopulmonary Resuscitation (CPR) and holds a currently valid card documenting completion of such courses was in the facility at all times. This	A 079			

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A 079	Continued From page 4 has the potential to affect 36 residents who do not have Do Not Resuscitate Order's (DNRO.) Findings Include: Review of the facility's current list of residents revealed the facility has a total census of 52 residents. 36 of those current residents were identified as not having a Do Not Resuscitate Order (DNRO.) Review of the facility's list of employees who are First Aid and Cardiopulmonary Resuscitation (CPR) certified revealed there were only 7 staff listed as having completed First Aid and CPR certification. Review of employee records revealed 2 staff (Staff A, Resident Aid and Staff B, Activities) of the 7 staff identified as being First Aid and CPR certification had credentials that were expired. Review of employee records revealed Staff A with a hire date of 11/05/18 and Staff B with a hire date of 06/11/19. Staff A and Staff B's record revealed expired Cardiopulmonary Resuscitation and First Aid certifications. There was no evidence of updated certifications found in the employees' files. Review of the facility's two-week staffing schedule revealed the facility did not have at least one CPR certified staff member working on each shift from 08/28/25 through 09/10/25 (14 total consecutive days.) According to the staffing schedules, there were no CPR certified staff members working during the following times: 08/28/25 on the 11pm to 7am shift, 08/29/25 on the 3pm to 11pm and 11pm to 7am shifts, 08/30/25 on the 7am to 3pm and the 11pm to 7am shifts, 08/31/25 on all shifts, 09/01/25 on the 3pm to 11pm and the 11pm to	A 079			

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A 079	Continued From page 5 7am shifts, 09/02/25 on the 11pm to 7am shift, 09/03/25 on the 3pm to 11pm and 11pm to 7am shifts, 09/04/25 on the 11pm to 7am shift, 09/05/25 on the 11pm to 7am shift, 09/06/25 on the 11pm to 7am shift, 09/07/25 on the 11pm to 7am shift, 09/08/25 on the 3pm to 11pm and 11pm to 7am shifts, and 09/09/25 on the 11pm to 7am shift. During an interview on 09/10/25 at 1:20 PM, the Administrator stated, "I am responsible for the scheduling." When asked how she ensures there is a CPR certified staff member on each shift she stated, "I haven't. I have never even thought about that in the 13 years I have been doing this. I am aware of the regulation, and I know there should be one staff on each shift who has CPR certification." Class II	A 079			