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
	AL11965454	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMMOND HOUSE OF DANIA	357 SE 6 ST DANIA, FL 33004

(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 Complaint Inspection CCR #2012005305 A complaint inspection licensure survey was conducted on [redacted] Hammond House of Dania had a licensure deficiency related to the allegation found at the time of the visit. (Note: The survey was conducted in conjunction with the 3rd revisit to CCR #2011011601. Please refer to the separate report.)	A 000		
A 025 SS=D	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection	A 025		

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A 025	Continued From page 1 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to provide appropriate supervision to 1 of 4 sampled residents (#1). The findings are: Resident #1 was admitted to the facility on [redacted]. The Health Assessment documented the resident had [redacted] with [redacted] and was on [redacted] precautions. The resident required supervision for ambulation and assistance with Activities of Daily Living (ADLs). The facility progress notes were reviewed and documented in [redacted] and [redacted] 2012 the resident does not sleep well at night and will attempt to elope. On [redacted] the notes document the resident "is always trying to run away". On [redacted] the notes documented "found in closet about 6:45 a.m., [redacted] to face" and another note the same day "cut on face." There was no documentation that the family or the physician were notified. There were no progress notes available for the entire month of [redacted] 2012. There were [redacted] 2012 progress notes that documented on [redacted] "hand [redacted] has tape on it, the resident does not know what happened." The next note dated [redacted] documented the resident had a [redacted] hand, but there were no notes the family or the physician was notified.	A 025		

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A 025	Continued From page 2 The alternate administrator was interviewed on [redacted] at 11:30 a.m. and said the resident is supposed to be wearing an elopement bracelet. She said that Department of Children and Families (DCF) were investigating a previous elopement. She said that DCF told the resident's family member the resident had to go to a locked facility and the family was planning on relocating the resident. The resident was observed independently ambulating throughout the facility on the day of the survey. On [redacted] at 11:45 a.m. the administrator and alternate administrator were asked to observe if the resident was wearing the [redacted] bracelet, and both said the resident was not wearing the bracelet. The administrator was asked if the facility had a picture of the resident, and none was provided. Class III	A 025		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Hammond House of Dania
357 S.E. 6th Street
Dania, FL 33004

Re: CCR #2012005305

Dear Administrator:

This letter reports the findings of a complaint survey conducted on , 19, 2012 by a representative of this office. Attached is the provider's copy of the State Form 3020, which indicates the deficiencies identified on the day of the visit. Section 408.811(4), Florida Statutes, requires you correct these deficiencies within **thirty (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , **2012** to verify 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 this agency's representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

A. C. Boyles, HFE Supervisor

for Arlene Mayo-Davis
Field Office Manager

AMD/hl
Enclosure

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2727 Mahan Drive
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