STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964324	08/16/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hammond House (the)	5301 McKinley Street Hollywood, FL 33021	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0181 - 58a-5.026(2) Fac - Emergency Mgmt - Plan Approval S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Assisted Livding Facility relicensure and Limited Nursing Service (LNS) survey was conducted on . . . . . Hammond House, had licensure deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on interview and record review, the facility failed to properly complete the Resident Health Assessment Form (AHCA Form 1823), for 2 out of 5 sampled residents (Residents #2 and #5).

The findings include:

1. Review of Resident #2 medical records, revealed the 1823 Resident Assessment Form was not properly completed on . The recommended diet order and whether the resident required assistance with the administration of medications was blank. Review of the record revealed the resident is served pureed regular diet.

On . . . . . at approximately 1:00 PM during an interview with the Administrator, she reviewed the records and confirmed she did not have a complete 1823 Assessment Form for that date. She stated that the resident has been on a pureed diet since admission to the facility based on information from the family. She also stated that the resident requires assistance with self-administered mediations.

2. Review of Resident #4 medical records revealed the 1823 Resident Assessment Form was not accurately completed on . . . . . The resident was documented as requiring medication administration when in fact she has been receiving assistance with self administration from admission.

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On [redacted] at approximately 1:00 PM during an interview with the Administrator, she reviewed the records and confirmed she did not have an accurate 1823 Assessment Form reflecting the resident.

Class III

0181-Emergency Mgmt - Plan Approval 58A-5.026(2) FAC

Based on record review and interviews, the facility failed to have documentation of an approved emergency plan.

The findings include:

On [redacted] at approximately 2:00 PM during an interview with the Administrator, the facility's emergency management plan approval letter was reviewed and revealed the following : the letter dated [redacted] from the county health department confirming the emergency management plan was valid from [redacted] until [redacted] Upon annual renewal, they would request updated contracts, agreements and hazard drills for the past 12 months. During the survey, the Administrator and Owner were not able to provide evidence of the required documentation they sent in for plan renewal and approval.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Hammond House (The)
5301 McKinley Street
Hollywood, FL 33021

Re: Relicensure and Limited Nursing Services
(LNS)

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative from this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , **2013** to verify that 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 the representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager
Division of Health Quality Assurance

AMD/jw
Enclosure

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