

|                                                                                                        |                                                                                              |                                                     |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11964324</b>                    | (X3) DATE SURVEY COMPLETED<br><br><b>08/16/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Hammond House (the)</b>                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5301 McKinley Street<br/>Hollywood, FL 33021</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(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 Living 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 medications.

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.

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 08/23/2013  
FORM APPROVED

|                                                                                                        |                                                                                              |                                                     |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>Hammond House (the)</b>                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5301 McKinley Street<br/>Hollywood, FL 33021</b> |                                                     |
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On ..... 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 ..... 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 ..... from the county health department confirming the emergency management plan was valid from ..... until ..... 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



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:

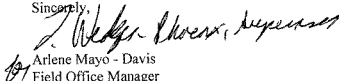
This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative from this office.

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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<http://ahca.myflorida.com>



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