STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966931	07/25/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hampton Court Alf	7801 Nw 45th Court Lauderhill, FL 33351	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - N276 - 58a-5.031(1) Fac - Lns - Nursing Services S-S= D

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility biennial relicensure survey with Limited Nursing Services (LNS) was conducted on Hampton Courth ALF, had licensure deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on observation and record review, the facility failed to obtain a current health assessment that was reflective of the resident's current health condition and care needs, for 1 out of 2 sampled residents (Resident #2).

The findings include:

Record review of Resident #2 hospice notes indicated resident has a to left hip. Review of Resident #2's health assessment dated document a diagnoses of and The assessment failed to document the to left hip.

0054-Medication - Records 58A-5.0185(5) FAC

Based on observation, interview and record review, the facility failed to maintain an accurate Medication Observation Record (MOR), for 2 out of 4 sampled residents reviewed (Resident #1 and #2). As evidenced by medications stored in the facility for Residents #1 and #2 were not documented on the MOR.

The findings Include:

1) On at 10:45 AM medication reconciliation was done for Resident #1 in the presence of the Registered Nurse (RN) / Administrator. After reconciling the medications stored in the ALF medication

bin was completed, the RN / Administrator produced a bag of medications from her office labeled for Resident #1. Reconciling what was in the bag compared to what was documented on the ALF MOR revealed medications labeled and dated as PRN (as needed) not on the ALF MOR to include; every 6 hours, Robinol every 4 hours, twice daily, every 6 hours, every 4 hours, every 4 hours and every 8 hours. The RN / Administrator produced a MOR generated by the Hospice facility which she retrieved from her office, documenting the resident's current medications to include the routine medications stored in the plastic bin and the PRN medications that were not transcribed to the ALF MOR.

2) On at 11:00 AM medication reconciliation was done for Resident #2 in the presence of the Registered Nurse (RN) Administrator. After reconciling the medications stored in the ALF medication bin was completed the RN Administrator produced a bag of medications from her office labeled for Resident #2. Reconciling what was in the bag compared to what was documented on the ALF MOR revealed medications labeled and dated as PRN (as needed) not on the ALF MOR to include; suppositories every 4 hours, tablets every 4 hours, Ducolax daily, every 6 hours, Robinol every 4 hours, every 4 hours, every 6 hours and twice daily. The RN / Administrator produced a MOR generated by the Hospice facility which she retrieved from her office, documenting the resident's current medications to include the routine medications stored in the plastic bin and the PRN medications that were not transcribed to the ALF MOR.

On at 11:10 a.m. an interview was conducted with the RN Administrator who stated the PRN medications in the bag are not kept with the routine medications as the PRN medications were sent by the Hospice company and they are on the Hospice medication record she keeps in her office which are separate from the ALF MORs. She further stated she did not think the PRN medications needed to be listed on the ALF MOR because she knows the PRN medications are in her office and she has never had to use them. She further stated the medication bags are called Comfort Kits which the Hospice sends and if they are not used they are sent back to Hospice.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review an interview, the facility failed to provide documentation of completion of the required in-service training for 4 out of 4 sampled employees (Staff #1, #2, #3 and #4).

The findings include:

During a review of 4 sampled employee personnel records on , who all provide direct care to residents, it was noted all files lacked documentation verifying the employees received the required

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in-service training within 30 days of employment. The following in-service training was not obtained for the employees: emergency procedures, elopement and policies and procedures. During an interview at 10:20 AM, the Administrator acknowledged the findings.

Class III

N276-LNS - Nursing Services 58A-5.031(1) FAC

Based on observation, interview and record review, the facility failed to provide Limited Nursing Services (LNS) for 1 out of 1 sampled resident observed requiring LNS. As evidenced by lack of assessment and monitoring of a left hip for Resident #2.

The findings include:

On at 9:30 a.m. the Registered Nurse (RN) Administrator stated they do not have any residents under LNS at this time. Additionally, she stated when she recently applied for her Assisted Living Facility license renewal she did not reapply for LNS.

Review of Resident #2's record revealed he was admitted to the facility on with diagnoses to include Parkinson's and Further review of the record revealed he was admitted to Hospice services on Review of the latest available Hospice service records available for review in the ALF dated documented Resident #2 currently had a to his left hip.

On at 9:45 AM the RN / Administrator confirmed that Resident #2 had a to his left hip. When she was asked who is caring for Resident's she stated the hospice nurse comes in on Mondays and Fridays and she, the RN Administrator, changes the dressings the other days.

Review of the resident's record revealed a Hospice medication record dated for care to the resident's left hip to include mixing with into a paste and apply one application to with dressing changes 3 times a week.

Review of Resident #2's Medication Observation Record (MOR) for documents the dressing changes 3 times a week signed off as being done by the RN / Administrator. Additionally, there is an order for ointment to be applied to affected area of left hip daily also signed off as being done by the the RN / Administrator. There is no indication if the area being treated with the 3 times a week is the same area where the is being applied to the left hip daily.

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Review of the entire record for Resident #2 revealed no evidence of documentation when the resident developed the to his left hip, or any assessment or monitoring of the status of the left hip.

At 9:50 AM on the RN / Administrator was asked why Resident #2 was not placed under LNS if she was performing the dressing changes daily and she stated the resident is on Hospice. When asked when did Resident #2 develop the to his left hip and where is the documentation of the status of the left hip , the RN / Administrator stated Hospice documents their assessment. The RN / Administrator confirmed again that she does daily dressing changes to the resident's left hip During further review the RN / Administrator stated she would document on the progress notes. However, review of the record with the RN / Administrator revealed she did not document anything about the resident's left hip and the last available documentation by the ALF in the record was from 2013 unrelated to a care assessment. When the RN / Administrator was asked to produce written documentation from Hospice regarding the assessment or status of the resident's left hip , the RN Administrator was unable to locate any Hospice documentation after , which documented the to Resident #2's left hip was a

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Hampton Court Alf
7801 Nw 45th Court
Lauderhill, FL 33351

Dear Administrator:

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

for Arlene Mayo-Davis
Field Office Manager

AMD/jw
XG90

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