AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Hawthorne Inn of Ocala
4100 SW 33rd Avenue
Ocala, FL 34474

Dear Administrator:

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

Enclosed 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 surveyor(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Stephen Bergin for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure
XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910278	10/15/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hawthorne Inn Of Ocala	4100 Sw 33rd Avenue Ocala, FL 34474	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced visit to conduct a Standard Biennial Relicensure survey was conducted on . Deficiencies were identified at this time.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, record review and interview the facility failed to ensure a safe environment in regards to smoking materials for 2 of 2 residents who are smokers in the facility (#5,#6) and finger stick items for testing sugar for 1 of 9 residents (#9).
Findings:

Observation of Resident #6's at 7:55 AM, revealed 7 disposable cigarette lighters on the night table in full view from the doorway.

Interview with Resident #6 on at 7:57 AM revealed he had no rules for the smoking materials. He stated he kept the cigarettes and lighters in the He stated he didn't need to move them out of sight.

1.) Review of Resident #6's record revealed An Activity Assessment dated which states " smoking is the Most Common Use of Time". The Assessment and Service Plan dated have no mention of the smoking. His contract with the facility states "facility is non smoking". No smoking policy was provided. The Nurse's Notes dated state the resident told the facility to "kick him out because he would never abide by the smoking rules". Further the notes on state the resident is forgetful.

2.) During an interview with Resident #5 on 13 at about 10:30 AM, she stated she keeps her smoking material on top of her dresser, unsecured. She stated she had not been informed of any rules.

Review of Resident #5's record revealed no assessment or service plan.

3.) Observation of Resident # 9's unlocked at 8:30 AM revealed a finger prick stick sitting on the table top. It was used, no longer in the original package.

Review of Resident #9's record revealed a Physician's Order sheet dated which stated under Treatment Plan " HHC for meds BS". There was no further information provided by the facility regarding the policy for sharps or a care /service plan for testing directives. There was no further information provided at all.

An interview with the Administrator on at 1:00 PM revealed she had no smoking policy, written rules, assessment or service plan for any of the residents regarding smoking. In regards to Resident #9 she stated they were trying to assist the resident in using the finger stick to test for sugar levels but the resident must

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not have understood to dispose of the sharp.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and interview the facility failed to ensure secured medications for 2 of 9 residents (#6 , #8).

Findings:

During the tour on at 7:50 AM a half used tube of was noted on Resident #6's night table. There was no pharmacy labeling.

An interview with Resident #6 on at 7:50 AM revealed he "always kept the ointment there". He stated he maintains his unlocked.

Review of Resident #6's Medication Observation Record and Physician's Order Sheet for revealed no physician's order for the medication.

2.) Observation of the Med pass cart on at 8:10 AM revealed unsecured eye drops on top of the cart with no resident identifier, no label and no top for the container.

Review of Resident #8's record revealed a Physician's Order Sheet for which ordered eye drops for the resident.

During an interview with the Medication Technician at 8;15 AM on revealed she thought the eye drops belonged to Resident #8 but there was no way to be sure and she did not know why they were sitting on top of the cart. She states Resident #8 keeps her medications in a centrally located secured cart by the facility.

During an interview with the Administrator on at 1:00 PM she stated Resident #6 should have had a physician's order for all medications. She stated they did not know he had the ointment. There was no policy provided for the medications.

Class III