AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Hampton Manor
1500 S.E. 24th Road
Ocala, FL 34471

Dear Administrator:

Re: CCR #2013009584 &
Extended Congregate Care

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative 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. Should you have any questions please call this office at Kriste J. Mennella.

Sincerely,

Stephen Burgin for,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964374	10/17/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hampton Manor	1500 S.E. 24th Road Ocala, FL 34471	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:

St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - E201 - 58a-5.030(2) Fac - Ecc - Policies S-S= D
St - A - E206 - 58a-5.030(7) Fac - Ecc - Service Plans S-S= D
St - A - E207 - 58a-5.030(8) Fac - Ecc - Services S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced compliance survey CCR#2013009584, and Extended Congregate Care (ECC) survey was conducted on . Deficiencies were identified and the facility was determined not to be in compliance.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation, record review and interview revealed that a discharged resident (resident #5) or their family had been returned all medications.

Findings:

Review of the medical record and of the Admission/Discharged log revealed that resident #5 had been discharged on to Hospice Services.

Observation and review on at 12:00 PM of discharged resident's medications held in the Interim Executive Directors office revealed that the medications for resident #5 remained in her office greater than 30 days after his discharge. These medications were which were 0.25 mg one tablet to be administered at 9:00 AM as needed for with 27 tablets remaining, and 0.5 mg one tablet to be administered at bedtime with 25 tablets remaining.

Interview on at 12:10 PM revealed that she confirmed that these medications after resident's stay in the facility had discontinued, the previous Executive Director had not returned all medications to the resident, the resident's family, or the resident's guardian. Neither had these medications been disposed of properly, and remain in a cabinet behind her desk.
Observation in the drawers of one of the desks in the medication/nurse care manger's an empty bag with the prescription paperwork for a resident with a prescribed of
Further interview with the Interim Executive Director revealed that this bottle of prescription of had been found in the drawer of the previous Executive Directors drawer when she, the Interim Executive Director took over this office.

Review of the facility's Policy and Procedures titled Disposal of Expired and Abandoned Medications revised revealed the following:
POLICY: Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition must be documented in the resident's medical record.
PROCEDURE: Abandoned or expired medications must be disposed of as follows:

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* Resident and /or responsible party will be notified to pick up medications within 15 days.
* If the resident's medications are still in the facility, the medications shall be considered abandoned and must be disposed of in 30 days.
* The medication may be taken to a pharmacist for disposal.
* Drug disposal will be documented on The Medication Disposal Form shall be placed in the resident's record.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, medical record, review of the facility's Policy and Procedures, and interview the facility failed to ensure that a medication was refilled in a timely manner for 4 (Resident #1, #2, #3 and #4) of 5 sampled residents.

Finding:

1.) Review of the Medication Observation Records (MOR's) dated 06/, 07/ 08, and /1013 for Resident #1 revealed that the resident ran out of medication in the beginning and ends of these months. The resident had been admitted to this facility on , with a history of A-Fibr Chronic Obstructed and

Review of the MOR dated for Resident #1 revealed that this resident did not start receiving his medications on with the following medications at these physician ordered dosage times:
MOR:
0.4 mg omitted on at 9:00 PM
0.6 mg. on at 9:00 PM and at 9:00 AM
10 mg. on at 9:00 AM
Review of the MOR dated for Resident #1 revealed that this resident did not receive the following medications at these physician ordered dosage times:
MOR:
Mitazapine 7.5 mg. on and at 9:00 AM
50 mg on and at 9:00 AM
50 mg 1/2 tablet (25 mg.) and at 9:00 PM
Review of the MOR dated for Resident #1 revealed that this resident did not receive the following medications at these physician ordered dosage times:
MOR:
0.25 milligrams (mgs) ordered to be administered was omitted on at 9:00 PM, also omitted at 9:00 AM and 9:00 PM, both doses from to (16 doses)
50 mg at 9:00 AM, all doses from to (9 doses)
50 mg 1/2 tablet (25 mg.) and at 9:00 PM
Review of the MOR dated for Resident #1 revealed that this resident did not receive the following medications at these physician ordered dosage times:
MOR:
Diltazem 30 mg twice daily at 9:00 AM and 9:00 PM were omitted each both scheduled times from to
50 mg 1/2 tablet (25 mg.) 10/02, and at 9:00 PM
All of these medications were noted on the back of the MOR that they were on order, not on the medication, or

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no notation by staff at all.

2.) Review of the MOR dated for Resident #3 revealed that this resident did not receive his medications on the following dates in the month with the following medications at these physician ordered dates and dosage times:
MOR:
25 milligrams ordered to be administered at 9:00 AM and 9:00 PM was omitted on at 9:00 PM, also omitted at 9:00 AM and 9:00 PM, both doses from and (5 doses)

3.) Review of the MOR dated for Resident #3 revealed that this resident did not receive his medications on the following dates in the month with the following medications at these physician ordered dates and dosage times:
MOR:
0.5 mg. ordered to be administered at 9:00 PM was omitted from to (22 doses)
40 mg. ordered to be administered at 9:00 PM was omitted from to to (12 doses)

4.) Review of the MOR dated for Resident #4 revealed that this resident did not receive his medications on the following dates in the month with the following medications at these physician ordered dates and dosage times:
MOR:
5 mg ordered to be administered at 9:00 PM was omitted on
100 mg ordered to be administered at 9:00 AM was omitted on
MOR:
10 MEQ, 40 mg, and 100 mg ordered to be administered at 9:00 AM was not documented as given on and

Interview with the Registered Nurse at this facility on at 11:30 AM revealed that they had difficulty with receiving medications for some residents that received their medications from the Veterans Hospital Pharmacy, but have an outside pharmacy the facility can receive medications if they are not readily available.

Review of the facility's Policy and Procedure titled Medications-Filled or Refilled revealed the following:
SCOPE: Concordis Senior Living will ensure that resident's who receive assistance with self-administration of medications are filled or refilled in a timely manner.

Review of the the facility's Pharmacy Services Agreement that is signed on admission by the resident or the responsible party stated the following:
I ununderstand that I will have the responsibility for reordering medications from my pharmacy, BUT in the event the medications are not delivered WITHIN TWO DAYS OF DEPLETION of my medication stock, the residence will reorder my medications with the "Preferred Pharmacy" to insure this takes place. I AGREE TO PAY FOR THE MEDICATIONS AND ASSOCIATED SERVICES CHARGES.

Interview with the Nurse Care Manager on at 12:00 PM revealed that medications had not been administered as ordered because the facility had been waiting for the Veterans hospital pharmacy or the families to provide these medications.

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Class III

E201-ECC - Policies 58A-5.030(2) FAC
Based on record review and interview the facility failed to place 1 resident (#1) on Extended Congregate Care (ECC) Services when their care needs were more than the care provided under standard Assisted Living Facility license.

Findings:

Observations on at 10:00 AM revealed that resident #1 had a The Nurse Care Manager noted with this surveyor that the for resident #1 was hanging on the bed's siderails above the resident's head. Observation and record review she confirmed that the had not been changed monthly and and that bag had not been changed weekly.

During interview with resident #1 on at 10:10 AM, he stated that no one has cleaned around his tubing or changed the since it was first put in his penis.

Record review revealed that resident #1 had returned from the hospital on and had a placed at approximately 3:00 PM. At 6:30 PM the resident complained of not voiding and his abdomen was extended slightly, and he complained of pain. The facility placed a call to Home Health and requested that the nurse to come check and/or replace due to no output. Home Health responded to send the resident to the Emergency (ER) due to they do not have a nurse in the area. Documentation revealed a physician notification request form to the physician that resident #1 is unable to continue with self and requested an order for Home Health to insert a

Further interview and record review with the Nurse Care Manager revealed that their was not anyone doing any care for resident #1, including doing daily cleaning of his site and tubing to prevent a

Interview with the Executive Director revealed that it is the facility's policy and procedure to obtain an order from the physician for EEC services, and nursing to do a service plan, with daily nursing assessments.

Interview with the medicine nurse on at 11:00 AM revealed that resident #1 did not have a scheduled cleaning daily, a ECC Service Plan, or nursing assessment .

Class III

E206-ECC - Service Plans 58A-5.030(7) FAC
Based record review and interview the facility failed to develop a service plan for resident (#1) to address the resident's special needs and how the facility was going to meet those needs with Extended Congregate Care (ECC) services.

Findings: