
RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a revisit for a complaint (CCR #201300958) inspection survey conducted on . 2013, by representatives of the Agency for Health Care Administration (Agency). Enclosed is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within **ten business days** of receipt of this report.

The inspection resulted in findings of non-compliance in the following areas:

St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders. The facility failed to follow physcian orders.

Directed Corrective Actions:

1. The Assisted Living Facility is required to create a corrective action plan for the provision of assisting residents with the self-administration of medication and following the physicians' orders within 48 hours. Fax the plan to the Area 3 Field Office. The plan must include: the provision of training for all employees who assist residents with the self-administration, weekly monitoring and reconciliation of residents' medications and their current physicians' orders by a designated employee and a medication policy developed in consultation with a licensed pharmacist.

2. The Assisted Living Facility is required to contract with a pharmacist licensed pursuant to Section 465.0125, F.S., to provide quarterly on-site medication audits and consultations for the facility. Results from all audits and consultation recommendations must be maintained on the premises for Agency review. The first visit from the pharmacist must occur within 10 days of receipt of this letter.

3. The Assisted Living Facility is required to submit a quarterly corrective action plan updates, signed by the contracted pharmacist, to the Area 3 Field Office until the facility receives written notification from the Agency to cease submission of the quarterly corrective action plan.

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Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please call Jasmine Hayes, Health Facility Evaluator Supervisor, at (386) 462-6238.

Sincerely,

for
Kristie J. Mennella
Field Office Manager

KJM/amw

Enclosure

Received by: Date 01/08/14

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964374 | 12/09/2013 |
| 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) | | |

**Revisit Corrected Tags:**

0055-Medication - Storage And Disposal-1
E201-Ecc - Policies-1
E206-Ecc - Service Plans-12
E207-Ecc - Services-1

**Revisit Repeat Tags:**

0056-Medication - Labeling And Orders-58a-5.0185(7) Fac

**Specific Tag Findings:**

0000-Initial Comments

On unannounced followup to complaint survey CCR #2013009584 was conducted at Hampton Manor Assisted Living Facility in Ocala Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on interviews and record review and observation, the facility failed to follow medication orders for 1 of 7 residents (Resident #7).

The findings include

1. On at approximately 1:47 PM an interview was conducted with Resident #7 concerning his care. When he was asked if he had any problems he stated he has not getting his (sleeping medication) at night.

2. On at approximately 3:00 PM an interview was conducted with the facility manager concerning the ordered for Resident #7. She admitted that the was not given as prescribed. She said she did not know it was not given as prescribed and that they would contact the doctor immediately.

3. On a record review was conducted on Resident #7's medication observation record (MOR) to see if he was receiving his medications as prescribed. It was discovered that on the facility received a physician ' s order for Resident #7 to receive 20 DS an 1 tab orally 2 times a day for ten days for a total of 20 pills for a The medication was started on and was to be given for 10 days ending on The MOR reveled Resident #7 received 1 tab at 9:00 AM for 11 days and only 4 tabs at 9:00 PM in the same ten day period for a combined total of 15 tabs. No was given at 9:00 PM on 12/3, 12/4, 12/5, 12/6, 12/7 or 12/8 as prescribed.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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4. [redacted] at 2:00 p.m. It was observed that Resident #7 still had five pills of [redacted] left on the med cart which should have been given as ordered.

Class II