AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

Re: CCR #2013013398

This letter reports the findings of a state licensure survey that was conducted on , 2014 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 , 2014 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 (386) 462-6201.

Sincerely,

for

Kristel J. Mennella
Field Office Manager

KJM/amw

Enclosure

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Alachua, FL 32615-5669
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| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964374 | 01/29/2014 |
| 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 - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D

**Specific Tag Findings:**

0000-Initial Comments

An unannounced complaint survey CCR #201013398 was conducted at Hampton Manor at 24th Road in Ocala, Florida on 2014. Licensure deficiencies were identified as a result of the survey. The facility was not in compliance with 58A-5, FAC and Chapter 429, Part I, F.S.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on interview and record review the facility failed to follow their Management Program (FMP) to prevent multiple injuries and to provide care for physical safety by not conducting timely investigations and updating the personal service plans for 2 of 3 sampled residents (Residents #1 and #3).

Findings:

1. Record review of Incident Reports related to for the period of 2013 through 29, 2013 revealed Resident #1 experienced on at 7:40 PM, at 6:20 AM and at 1:10 PM.

2. An interview conducted on at 11:50 AM with the Interim Administrator, and the Assistant Administrator revealed on it was reported Resident #1 was refusing to eat. She suffered a on , and 2 on After the first on she was sent to the hospital and returned the same day. When she had the second on she was transferred to the hospital, and did not return. The Assistant Administrator stated Resident #1 ' s personal service plan was not updated after the first two occurred, and a investigation was not completed.

3. Record review of Incident Reports related to for the period of 2013 through 2014 revealed Resident #3 experienced on: at 7:40 AM, at 7:00 AM, at 7:55 PM, at 4:35 PM, at 6:00 AM, at 4:20 PM, at 3:50 PM, and at 7:50 PM.

4. An interview conducted on at 12:00 PM with the Interim Administrator, and the Assistant Administrator revealed verification that Resident #3 had a Resident #3 had eight (8) separate between and and was not evaluated by physical until Continued interviews with the above revealed: Resident #3 was evaluated on for physical due to multiple , and lower leg . She stated " We have not completed tracking, and trending reports to determine dates, times, or shifts of when the occurred. Today we observed that her shoes are worn, and have requested her daughter to bring in shoes for her. They confirmed Resident #3 ' s personal service plan was not updated after the occurred, and a investigation

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was not completed.

5. Record review of the Facility ' s ... Management Program (FMP) revealed: " Each resident should be evaluated with any change or condition and her or his need for assistance monitored closely. Awareness of the resident ' s appetite and fluid intake is important. " Under the FMP ' s Components of Programs-re-evaluation heading noted, " Make sure that any changes in mobility status are noted. Determine what interventions were taken to prevent ... " Continued review of the Facility ' s FMP revealed the facility is to conduct ... l investigations to, " review the environment for factors that contribute to ... " The FMP continues by stating, " Modifications should be made to the personal service plan when changes occur with the resident. "

Class III