STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966931	04/07/2014
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 - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced monitoring visit was conducted on [redacted] at Hampton Court Assisted Living. The facility had a licensure deficiency found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview, the facility failed to ensure that all Resident Health Assessments (AHCA Form 1823) were thoroughly completed, for 1 out of 5 sampled residents (Resident #2).

The findings include:

A record review conducted on [redacted] revealed an incomplete Health Assessment (AHCA Form 1823) dated [redacted] for Resident #2.

Further review of the assessment revealed the medical history and diagnosis (Section 1) documented the following, "see copy". Section 2A lists only two medications for Resident #2 and notes, "see copy". However, there was no copy or additional documents attached to the Health Assesssment (AHCA Form 1823).

In an interview conducted [redacted] at 10:40 AM, the Administrator acknowledged the findings. She stated she could not provide any additional paperwork.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Hampton Court ALF
7801 NW 45th Court
Lauderhill, FL 33351

RE: Monitoring Survey

Dear Administrator:

This letter reports the findings of a state monitoring survey that was conducted on , 2014 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 **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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924