RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

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 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,

Kristen J. Mennella
Field Office Manager

KJM/amw

Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910278	07/28/2014
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 - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:

0000-Initial Comments

On , an unannounced Extended Congregate Care monitoring survey was conducted at Hawthorne 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.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations and interviews the facility failed to properly provide assistance with self-administration of medication for 2 of 3 residents by not reading the label(s) and not preparing the medication(s) in the presence of a residents (Residents #1 and #2).

Findings:

1. On approximately 3:08 PM it was observed that staff C who was assisting residents with self administration of medication, pre-poured resident #2's medication and left it on the medication cart unattended while she took resident #1 her medication. When staff C took resident #1 her medication she took a small cup which contained her medication and a small cup of water to her .

2. Staff then returned to the cart picked up resident #2's medication in the small cup and took it to her in her . She gave resident #2 her medication and stated "here is your pain medication and iron" along with a small cup of water.

3. On at approximately 3:15 p.m. Staff C was interviewed. Staff C was asked if she read the label of the medication in the presence of resident #1 and #2 and she stated no. Staff C confirmed she is not licensed for nursing in the state of Florida.

Class III