STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965454	08/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
D.R. Hammond Enterprises, Inc.	357 Se 6 Street Dania Beach, FL 33004	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Relicensure survey was conducted on at D R Hammond Enterprises Inc. The facility had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview, the assisted living facility (ALF) failed to record a residents' height and weight on an Agency for Health Care Administration (AHCA Form 1823), for 1 out of 3 sampled residents records reviewed (Resident # 2) .

The findings include:

On a record review of Resident # 2's AHCA 1823 form revealed an admission date of and her last medical exam dated for with the following diagnosis: of the and . Further review of Resident # 2's file found no height and weight recorded on the AHCA 1823 form nor throughout the file since Resident # 2's admission date. Photo Copy obtained.

In an interview conducted on at approximately 3:15 PM, the Administrator acknowledged the findings and stated no further documentation was available for review.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965454	08/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
D.R. Hammond Enterprises, Inc.	357 Se 6 Street Dania Beach, FL 33004	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and interview, the facility failed to follow the proper procedures for providing assistance with self -administration of medication, for 1 out of 3 residents (Resident # 1) observed during medication pass.

The findings include:

Observations on at 9 AM found Resident # 1 receiving the following medication:
HCl 50 mg, one tablet. At 8:55 AM, observations during assistance with self- administration of medication revealed Staff A, a Resident Aid, assisted Resident # 1 with self - administration of medications. Staff A sanitized her hands, pre-poured Resident # 1's medication in a cup, signed the medication observation record, and placed the cup of medication on the dining table while Resident # 1 was still in his At 9 AM Resident # 1 entered the dining Staff A placed a cup of water beside the medication cup. Staff A did not state the name of the medication to Resident # 1 and did not observe him swallow the medication.

During an interview on at 9:20 AM, Staff A was informed of the process for assisting residents with self- administration of medications. Staff A acknowledged her errors found during the medication observation.

An interview was conducted with the Administrator on at 10 AM and she acknowledged the findings.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on interview and record review. it was determined the facility failed to ensure all staff members had an annual statement from a physician, indicating that the person was free from and communicable, for 1 out of 5 staff members (Employee D).

The findings include:

Record review of Employee D's personnel record revealed her date of hire was Further review revealed Staff D's file lacked documentation from a physician indicating the employee is free from and communicable

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965454	08/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
D.R. Hammond Enterprises, Inc.	357 Se 6 Street Dania Beach, FL 33004	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

In an interview with Administrator on at approximately 1:05 PM, she acknowledged the findings. She stated no further documentation was available for review.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure that 1 out of 5 staff members (Staff D) received the annual 2 hour training update on Assistance with Self-Administered Medication and Medication Management.

The Findings Include:

A record review of the Staff D's personnel file on revealed a hire date of as a Resident Aid. Further review of Staff D's file found her last annual 2 hour training update on Assistance with Self-Administered Medication and Medication Management was completed on . Record review found no documentation of a new annual 2 hour update training since .

During an interview conducted on at 1:05 PM, the Administrator stated she was unaware that Staff D was due for another 2 hour annual training update. At 1:06 PM, she acknowledged the finding and stated no further information was available for review.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on record review and interview, it was determined that the facility failed to ensure that all staff members had received 1 hour of training on the facility's policy and procedures regarding for 1 out of 5 sampled staff records reviewed (Staff A) .

The Findings:

A record review conducted on revealed that Staff A, hire date , had no documentation indicating completion of 1 hour of training in the facility's policy and procedures

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965454	08/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
D.R. Hammond Enterprises, Inc.	357 Se 6 Street Dania Beach, FL 33004	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

regarding _ _ _ _ within 30 days of employment.

In an interview conducted on _ _ _ at 1:05 PM, the Administrator acknowledged the finding.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on interview, record review and observation, the assisted living facility (ALF) failed to keep a file of menu substitutions, for 3 out of 3 residents.

The findings include:

A review of the facility's menu on _ _ _ at 9 AM revealed the following items to be served for breakfast: Assorted juices 4 oz, 1/2 cup of hot or _ _ _ cereal, 2 slices of toast, 1 egg, 2 teaspoons of margarine, 8 oz of milk, and 6 oz of coffee or tea.

On _ _ _ _ _ at 9 AM, observations of breakfast found all residents wanting other breakfast items that were not on the main menu but found on the alternate menu approved by a registered dietitian.

A review of the facility records on _ _ _ _ _ found no menu substitution log on file. In an interview conducted with the Administrator at 10:30 AM, she stated that sometimes the residents do not want the items listed on the menu for breakfast and staff will offer the residents the food items that they prefer from the alternate menu. The Administrator stated she substitutes the items on the breakfast menu with items listed on the alternate menu. She stated she does not keep a menu substitution log on file.

During an interview on _ _ _ _ _ at approximately 3:15 PM, the Administrator acknowledged the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
D.R. Hammond Enterprises, Inc.
357 SE 6th Street
Dania Beach, FL 33004

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on 2014 by a representative from 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 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/jw
Enclosure

XG90

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

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