STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967628	08/25/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hammock Manor, Inc	3366 Peninsula Circle Melbourne, FL 32940	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= B
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= B
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= B
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= B
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= B

Initial Comments
The biennial re-licensure survey was completed at Hammock Manor on . Hammock Manor, Inc. Assisted Living Facility had deficiencies found at the time of the visit.

0007-Admissions - Criteria 58A-5.0181(1) FAC
Based on observation, interview and record review the facility failed to ensure that 1 of 4 sampled residents (#3) met the criteria for admission.

Findings:

At approximately 9:40AM on during the tour resident #3 was observed lying in bed. It was further observed that there was a Barrier Lift attached to the ceiling on resident #3 side of the bed. During the tour resident #3 stated she was lying on a bed pan and was embarrassed.

In an interview with staff B at approximately 10:00AM on she stated she places the resident legs into the sling and the resident's back is supported by same sling. Staff B stated she then uses the buttons on the box to maneuver the resident to her motorized wheelchair. She stated that the resident is not able to stand, pivot, or bear any weight. Staff B gave a demonstration and pointed to the different parts of the sling she would use to put the resident into it.

In an interview with resident #3 at 10:15AM on she stated they use the lift to get her in and out of the bed since she is unable to bear any weight or use her legs. She stated she is not able to walk, stand, or pivot on her own. She stated she had and has not been mobile since then. Further observation showed there was a Barrier Free Lift machine mounted to the ceiling over the resident's side of the bed.

In an interview with the administrator at approximately 3:17 PM on she stated the lift was not a Hoyer Lift. The administrator stated that she is able to provide the resident care and that the resident is not inappropriate for her facility.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967628	08/25/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hammock Manor, Inc	3366 Peninsula Circle Melbourne, FL 32940	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

In a record review of resident #3 on , done via an electronic system on the facilities computer, it was revealed that she was admitted . Further review of her record revealed that on her Agency for Healthcare Administration form 1823, dated 2010, under the ADL area it says: "wheelchair/motorized wheelchair " under ambulation portion.

In an interview with the administrator at approximately 4:20 PM on she did not agree. The administrator stated that the piece of equipment was not a Hoyer Lift and that the resident was appropriate for her facility. The administrator was informed to contact the office with her concerns.

Class III

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on observation and interview the facility failed to have a health assessment by a health care provider completed for 1 of 4 sampled residents (#1).

Findings:

At approximately 10:50AM on , the administrator arrived at the facility and she stated resident #1 was independent.

In an interview with resident #1 on at approximately 10:45AM she stated she is not able to remove her medication from the package or open her own prescription bottle; so the staff has to.

In an interview with the administrator at approximately 4:20 PM on an opportunity was provided to find the Health Assessment for resident #1. The administrator stated she did not have one and she would procure all the paperwork for resident #1.

CLASS III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview the facility failed to ensure that 1 of 3 staff (A) had a test done annually

Findings:

In a record review of the Staff A (Administrator) file on it was revealed that there was no annual test. The last test was dated

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967628	08/25/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hammock Manor, Inc	3366 Peninsula Circle Melbourne, FL 32940	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

In an interview with the administrator on [redacted] at approximately 4:20 PM she stated she did not have a [redacted] test.

CLASS III

0079-Staffing Standards - Levels 58A-5.019(3) FAC
Based on record review and interview the facility failed to ensure an accurate staffing schedule was maintained for 2 of 3 sampled staff (B and C)

Findings

On [redacted] the staff schedule was reviewed. The scheduled revealed staff B was working for 24 hours on [redacted]. However, staff C was on duty at the facility working.

In an interview with staff C at 2:00 PM she stated that she switched with staff B.

In an interview with the administrator at approximately 4:20 PM she stated that staff B and staff C switched days. An opportunity was provided for the administrator to provide the updated schedule. The administrator was not able to provide one.

CLASS [redacted]

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on record review and interview the facility failed to ensure that the Food Service Designee had the continuing education of 2 hours annually this requirement is specified in Rule 58A-5.0191, F.A.C.

Findings:

Record review completed on [redacted] for the Food Service Designee (A), the administrator revealed that she had not taken the 2 hours of annual in-service required for the Food Service Designee.

In an interview with the administrator at approximately 4:20 PM on [redacted] she stated she had CORE. She stated she would update her training or appoint someone else.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967628	08/25/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hammock Manor, Inc	3366 Peninsula Circle Melbourne, FL 32940	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on observation and interview the facility failed to have in writing the food service designee for 1 of 1 sampled staff (A).

Findings:

In a record review of the administrator file (A) on , there was no paperwork of her being the Food Service Designee.

In an interview with the administrator on at approximately 4:20 PM she stated as the owner she is the Food Service Designee. She was provided an opportunity to provide the paperwork indicating she was the Food Service Designee and she was unable to provide that.

Class

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, interview and record review the facility failed to note substitutions before or when the meal was served.

Finding:

An observation at 12:15 on at lunch, the residents were served rice instead of potatoes.

Review of the menu for after lunch revealed the substitution of rice for potatoes was not made.

In an interview with staff C, at 2:00 PM on she stated she did not know she had to make substitutions, or log them.

In an interview with the administrator at approximately 4:2 0PM on she stated she did not have a substitution log but another person (the chef at another facility) might. An opportunity was provided for the Administrator to show the substitution log, and the Administrator did not find a substitution log.

Class

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967628	08/25/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hammock Manor, Inc	3366 Peninsula Circle Melbourne, FL 32940	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

0161-Records - Staff 58A-5.024(2) FAC
Based on record review and interview the facility failed to ensure the references were checked for 1 of 3 sampled employees (B).

On [redacted] a record review for staff B was completed. It was revealed that she was hired on [redacted]. There were no references listed on her application.

In an interview with the administrator at approximately 4:20 PM on [redacted] she stated she would make reference checks for the employee.

Class [redacted]

0162-Records - Resident 58A-5.024(3) FAC
Based on observation and interview the facility failed to maintain a record that included all of the required components for 1 of 4 sampled residents (#2).

Findings:

At approximately 10:07AM on [redacted] the administrator arrived at the facility and stated that Resident #2 was independent.

At approximately 10:45AM on [redacted] in an interview with resident #2 it was revealed that she cannot open her own medication package or prescription bottle.

At approximately 12:15 PM on [redacted] observation revealed resident #2 had her lunch cooked for her by staff and sat at the table with the other household residents and ate lunch.

In an observation at approximately 12:10 PM, on [redacted] resident #2 had staff C take her packaged medication out and open her prescription bottle and take out one tablet. The resident was provided the following medication from staff C: [redacted] 1 mg1 tablet 3 times daily; [redacted] 2 mg 1 tablet 3 times daily, and [redacted] 50mg 2 tablets 3 times daily. It was observed that staff C did try to encourage the resident to pop and open her own prescription medication but the resident responded that staff C knew she was not able to do that.

A record request was made at approximately at approximately 2:10 PM to review resident #2's file. The Administrator stated that she felt the resident was independent and she did not have any electronic file

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967628	**08/25/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hammock Manor, Inc	**3366 Peninsula Circle Melbourne, FL 32940**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

for resident #2. The informed consent, the contract, documentation that Resident #2 received the facility's policy regarding _ _ _ and all other admission documentation was not found.

In an interview with the administrator at approximately 4:20 PM on she stated she would admit Resident #2 and get all of the paperwork.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Hammock Manor, Inc
3366 Peninsula Circle
Melbourne, FL 32940

RE: Biennial Re-licensure

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by representative(s) 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 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(s). Should you have any questions please call Lorraine Henry at 407-420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com