RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by representative(s) 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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

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| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964374 | 09/04/2014 |
| 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 - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

**Specific Tag Findings:**

0000-Initial Comments

An unannounced licensing survey was conducted on , 2014. Hampton Manor had licensure deficiencies found at the time of the visit.

0053-Medication - Administration 58A-5.0185(4) FAC
Based on observations, interviews and record reviews the facility failed to provide proper assistace with the self-administration of medication for 1 of 14 sampled residents who was observed to receive medication administration (reisdent #14).

Findings:

On at approximately 12:05 PM it was observed that resident #14 was sitting in her wheelchair in the dining area shaking uncontrollable. Staff C, who is not a licensed nurse, was observed going to the medication cart and retrieving medication for resident #14. Staff C placed resident #14 medication in a metal spoon and fed the medication to resident #14 without assistance from the resident. Staff C did not read the medication label in the presents of the resident.

On at approximately 3:42 PM an interview was conducted staff C in reference to her administrating medication to resident #14. Staff C stated she gave resident #14 her Carbadopa medication on a spoon without the residents assistance because she shakes to much and would through her medication every where. She said she did not read the label in the presents of the resident because she thought she just had to tell them what they were taking and what it was for, besides resident #14 knows what medications she takes.

On a review of resident #14's health assessment (AHCA form 1823) was conducted. Resident #14's health assesment stated she required assistance with self-administration of medication.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, interview, and record review the facility failed to place an "alert" label on the medication container for 2 of 5 residents medications reviewed (#12 and #13).

Findings:

During the observation of the medication pass on at 12:45PM, it was observed that the label on medication bottle being administered did not match the medication observation record for resident #12 and resident #13.

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| 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) | | |

On at 1:00PM in an interview with Staff Member D, confirmed that the label for resident #12 stated 5-325 mg take one tablet by mouth twice a day as needed for pain". The MOR stated "hydroc 5-325 mg take 1 tablet three times daily pain". Staff Member D agreed that the label and MOR did not match and there was no alert label on the bottle.During this same interview, resident #13 medication label read 0.5 MG Take 1 tablet by mouth in the morning and 1 tablet at bedtime", the MOR stated, "Lorazapam tab 0.5mg take tablet by mouth three times daily Staff Member D agreed that the label and MOR did not match and there was no alert label on the bottle.

Class III