RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2014by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiency identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than 2014.**

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,

Kristé 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	**10/22/2014**
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)		

Revisit Corrected Tags:

0053-Medication - Administration-10/22/2014

Revisit Repeat Tags:

0056-Medication - Labeling And Orders-58a-5.0185(7) Fac

Specific Tag Findings:

0000-Initial Comments

On 10/22/2014 a revisit to a biennial survey was conducted at Hampton Manor on 24th Road. Deficient practice was identified at the time of the survey.

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, record review and interview, the facility failed to place an "alert" sticker on the medication cards of 1 of 3 residents whose medications were reviewed (resident #9). This failed practice has the potential for all residents in the facility receiving medications.

Findings:

On at 9:35 AM a medication pass was observed. Observations revealed resident #9's medication card did not match the medication observation record. The medication was for (a pain medication) 5 mg/325 mg by mouth every 6 hours. The medication cards both stated that medication was 10 mg/325 mg . There was no "alert" stickers on either card.

Review of resident #9's medical record on showed the medication order for was changed by the physician on . Further review of resident #9's medical record showed the medication was given at 6:00 AM on

Record review of the facility's policy tiled : Medication Standards", dated 01 , showed that all medication observation records (MOR) must be up to date, the medication dosage, route and frequency must be listed. Every week a licensed nurse shall be responsible for comparing the Healthcare providers orders to the MOR's."

On at 9:45 AM, the LPN (licensed practical nurse) was interviewed. The LPN stated that this change, "should of been discovered before now, we do a check in the morning."

Class III