STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964324	05/14/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
HAMMOND HOUSE (THE)	5301 MCKINLEY STREET HOLLYWOOD, FL 33021	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on [redacted] at The Hammond House. The facility had deficiencies found at the time of the visit.

Please note a Limited Nursing Services Monitoring survey was conducted on [redacted]. The facility had no deficiencies noted at the time of the monitoring survey.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interviews, the facility failed to ensure that all staff members had documentation from a healthcare provider within their personnel file indicating that the employee had evidence of a negative [redacted] examination on an annual basis, for 1 out of 3 staff records reviewed (Staff B).

The Findings Include:

Record review conducted on [redacted] of personnel records revealed Staff B, a Home Health Aide hired on [redacted] did not have a physician's statement documenting she was negative for [redacted].

The Administrator contacted Staff B by phone on [redacted] at 2:35 PM. Staff B informed the Administrator that she had an x-ray taken and thought she had given him a copy. The Administrator acknowledged he did not have a copy. The Administrator acknowledged no further documenation was available for review.

Class III

0090 - Training - [redacted] - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure that 1 out of 2 employees (Staff A) personnel records included a one-hour training on [redacted].

The Findings Include:

A review of personnel records conducted on [redacted] revealed that Staff A, a Home Health Aide hired on [redacted] did not have the one-hour required training on [redacted]. In an interview conducted on [redacted] at approximately 2:40 PM, the Administrator acknowledged the findings.

Class [redacted]

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964324	**05/14/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
HAMMOND HOUSE (THE)	**5301 MCKINLEY STREET HOLLYWOOD, FL 33021**	

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

0091 Continued From page 1

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review and interview, the facility failed to ensure that 2 out of 2 staff members (Staff A and B) had certificates indicating required trainings were completed.

The Findings Include:

A record review of personnel files for Staff A and B conducted on . revealed Staff A and B had the required training in resident rights; elopement; emergency and evacuation procedures; recognizing , neglect, and ; and incident reporting. A checklist was provided that indicated the dates the training was completed. Further review revealed no certificates in either staff's files indicating the title or subject matter of the training, the number of hours of the training, the trainee's name, date of participation, the training provider's name and signature.

During an interview with the facility's Registered Nurse (RN) conducted on . at 2:50 PM, she provided a checklist that indicated completion dates of the training. The RN stated that she used to have certificates but thought the Agency no longer required them.

Class .

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

Administrator
The Hammond House
5301 McKinley Street
Hollywood, FL 33021

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on . 2015 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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Delray Beach, FL 33484
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