STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966931	07/01/2015
NAME OF PROVIDER OR SUPPLIER **HAMPTON COURT ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **7801 NW 45TH COURT** **LAUDERHILL, FL 33351**	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR#2015004080 was conducted on at Hampton Court, LLC. The facility had deficiencies found at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observation, record review and interview, it was determined the facility failed to ensure physician orders are followed and that only licensed staff members utilize pill organizers when assisting a resident with his/her self-administered medications, for 1 out 3 sampled residents (Resident #2) .

The findings include:

Observation of Employee B (unlicensed staff member) assisting Resident #2 with self-administration of medications on at 1:55 PM revealed that Resident #2 received her medications at 2:00 PM. Employee B was observed taking the medications from a pill organizer and placing them in small cup to give to the resident. However, the medication observation record was not seen with Employee B.

Review of Resident #2 health assessment (AHCA form 1823) revealed that she has the following diagnoses: and Further record review revealed that she requires assistance with self-administration of medications.

Review of Resident # 2 medications indicated the following: 500 mg. take ½ tablets by mouth every 8 hrs. , for 5 days (8AM; 4 PM and 10 PM); 150 mg. Take ½ tablet by mouth every 8 hrs. for 5 days (8 AM, 4 PM, 10 PM); 20 mg capsule DR. Take 1 capsule by mouth every morning (8:00 AM); 250 mg tablet. Take 1 tablet by mouth at 9:00 AM; ER 60 mg tab. Take 1 tablet by mouth every morning (8:00 AM); 9.5 mg/24 hour patch TD24 apply 1 patch (9:00 AM); 10 mg tablet. Take 1 tablet by mouth 9:00 AM; 325 mg tablet DR take 1 tablet by mouth (9:00 AM); Acidophilus 35 million-25 million cell tablet Take 1 tablet by mouth (9:00 AM).
An interview with Employee B on at around 2:20 PM confirmed that Resident #2 usually wakes up late. Therefore, she receives her medication (AM dosage) whenever she wakes up.

The findings were discussed with the employee in charge and she agreed with the findings.

Class III

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	AL11966931	**07/01/2015**
NAME OF PROVIDER OR SUPPLIER **HAMPTON COURT ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **7801 NW 45TH COURT** **LAUDERHILL, FL 33351**	

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

0054 Medication - Records

Based on interview and record review, the facility failed to ensure that the medication observation record (MOR) was updated as soon as assistance with medication administration was completed for 2 of 3 sampled residents (Resident #1 and #2) and failed to ensure that the record was completed accurately for 1 out 3 sampled residents (Resident #1).

The findings include:

a) Review of Resident #1 health assessment (AHCA form 1823) revealed that she was admitted to the facility on . The record revealed the following diagnoses: Crohn's , left Hip replacement, history of aneurysm and

Review of the medical record for Resident # 1 revealed that she was hospitalized on and returned to the facility on . However, review of the medication observation record indicated that from 16, 2015 to 2015, the facility notated that the resident received medications from the facility although she was hospitalized; the MOR was initialized for

b) Observation of Employee B assisting with medications on at 1:55 PM revealed that Resident #2 received her medications at 2:00 PM. Employee B was observed taking the medications from a pill organizer and placing them in small cup to give to the resident. However, the MOR was not seen with Employee B.

An interview with Employee B on at 2:05 PM confirmed that Resident #2 usually wakes up late and often receives her medication whenever she is awake.
Review of the MOR thereafter to verify Resident # 2's medications indicated it was signed before the resident was given her medications.
An interview with employee (B) on thereafter confirmed the findings.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to properly dispose of medications and/or return unused medications to a resident or the legal guardian upon discharge from the facility.
The findings include:
1) During review of the residents' medications, a few medications were observed stored in the

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SUMMARY STATEMENT OF DEFICIENCIES
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administrator ' s office in a locked cabinet along with all the residents' medications that did not belong to any of the residents currently residing at the facility. The following medications were noted: Milk of magnesia, 1000 mg tab; Liquid 50 mg/5 ML ; 0.5 mg tablets.
Upon review of the census log, it was noted that aforementioned medications didn't belong to the current residents residing in the facility.
2) Upon further review of the medication in the Administrator's office, it was noted the following medication belonged to someone not residing at the facility, HCL4 mg.
During an interview with the employee in charge on at around 3:00 PM, she reported that the facility failed to discard the aforementioned medications timely and she agreed with the findings. During an interview with the employee in charge, she reported that the medications listed above belonged to two previous residents, one of whom since 2015.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Hampton Court ALF
7801 NW 45th Court
Lauderhill, FL 33351

RE: CCR #2015004080

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 1, 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies to the Field Office no later than .2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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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