RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

17, 2015

Administrator
Hawthorne Inn of Ocala
4100 SW 33rd Avenue
Ocala, FL 34474

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by a representative 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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 surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

for Hayes

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910278	09/04/2015
NAME OF PROVIDER OR SUPPLIER **HAWTHORNE INN OF OCALA**	STREET ADDRESS, CITY, STATE, ZIP CODE **4100 SW 33RD AVENUE** **OCALA, FL 34474**	

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

0000 Initial Comments

On [redacted] an unannounced biennial licensure & ECC survey was conducted at Hawthorne Inn Assisted Living Facility in Ocala, Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0161 Records - Staff

Based on record reviews and interviews the facility failed to have documentation of training for 2 of 3 direct care staff members (staff B and staff C).

Findings:

On [redacted] a record review was conducted on direct care staff B' s employee record. The review revealed staff B who was hired [redacted]. Further review revealed staff B was missing training documentation for Activities of Daily Living, [redacted] training, and Nutritional Safe Food Handling.

A review of Staff C's record revealed staff C was hired on [redacted]. Further review of the record revealed staff C's did not have documentation of training for [redacted] Control, [redacted], elopement response, emergency preparedness and evacuation, Incident Reporting, Resident Rights, Recognizing Reporting [redacted] Neglect & [redacted].

On [redacted] at approximately 5:15 PM an interview was conducted with the Administrator regarding the missing training documentation for staff B & C. She stated that the training documentation is handled by the training coordinator and she is on vacation this week and we cannot find all the training documentation that we need.

Class III