RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Hampton ALF at 24th Road LLC
1500 S.E. 24th Road
Ocala, FL 34471

RE: CCR #2016000276

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 , 2016.** 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,

Charles Boyd for

Kriste 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
	AL11964374	04/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMPTON ALF AT 24TH ROAD LLC	1500 S.E. 24TH ROAD OCALA, FL 34471

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

During an interview on with the Area Director of Operations, she stated the physician should have been made aware of the change in condition for Resident #2. She stated any change of condition should be reported to the physician and to the responsible party for the resident.

During an interview on at 3:39 PM with Resident #2's responsible party, she stated she was not made aware of her mother having for a week.

Record review of the Observation Log showed, for the period of / through , there is no documentation of Resident #2 having .

Record review of the Policy and Procedure titled, "Resident's Significant Change," Revised: / , showed "Procedure: Upon a significant change, discharge or transfer, Virtue Senior Living will notify the resident's family, guardian, health care surrogate or case manager and health care provider. Notification will be documented in the resident's file."

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, the facility failed to ensure the prevention of the spread of while performing incontinence care for 2 of 2 observed residents (Residents #1 and #2).

Findings:

1. An observation was conducted on starting at 8:45 AM of Staff A, RCA (Resident Care Aide) providing care for Resident #1 and it showed the RCA did not wash/sanitize her hands prior to applying gloves. The RCA assisted the resident to remove his brief. The brief was disposed of in the trash can. The brief was observed to be wet. The RCA removed the resident's soiled slacks, and placed them on the floor. The RCA then went to the resident's removed overalls from the resident's draw without removing her gloves and washing/sanitizing her hands. The RCA returned to the , and put the resident's overalls on without removing her gloves or washing/sanitizing her hands. The RCA assisted the resident to a standing position using her gloved hands, pulled up his brief, overalls, and fastened his clothing. The RCA removed the plastic trash bag from the can, tied the bag, replaced the plastic liner in the can, and put the resident's soiled slacks in another plastic bag. The RCA removed her gloves, held the resident's hand, and with the other hand picked up the trash bag, and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964374	04/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMPTON ALF AT 24TH ROAD LLC	1500 S.E. 24TH ROAD OCALA, FL 34471

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

soiled clothing bag and exited the the resident. The RCA did not wash/sanitize her hands.

During an interview conducted on at 8:58 AM with Staff A she stated "I didn't wash my hands in the there is only bar soap. His likes to rub the soap all over him when he showers so I don't like to use it." When asked about the surfaces the RCA's hands came in contact with during and after providing care, Staff A agreed there were a few, and she had not thought about it before.

2. An observation was conducted on starting at 9:02 AM of Staff B, RCA providing incontinence care for Resident #2 and it showed the RCA did not wash/sanitize her hands and applied gloves. The resident was observed to have a small amount of in her brief. The RCA removed the brief and put it in the trash can. The RCA was heard to say to the resident that she has been having and the RCA would report it to the nurse. The RCA did not remove her gloves and wash/sanitize her hands, and exited the the resident's dresser area and removed a brief from a package. The RCA was speaking with Resident #2's , and walked over and hugged the , and rubbed her shoulder with her gloved hands. The RCA returned to the the resident complained of . The RCA asked if it was at her bottom, and the resident stated it was. The RCA stated it was probably from the she has been having and she would let the nurse know.

During an interview conducted on at 9:18 AM with Staff B, when asked about hand hygiene, she stated that she was wearing gloves. She stated she was not aware that gloves did not stop the spread of . She verified that she did not remove her gloves or wash/sanitize her hands after removing the resident's soiled brief, and leaving the collect the needed supplies. She further verified she hugged, and touched the shoulder of the resident's with the same gloved hands. When asked about not washing her hands, she stated she didn't like to use the resident's bar soap. When asked about hand sanitizer, she stated, "That would be a good idea."

During an interview on at 10:02 AM with the Community Director (CR), she stated, "When I provide incontinence care I would collect all of my needed supplies and have them ready." When asked about hand washing prior to gloving, the CR stated, "I wouldn't wash my hands before putting on gloves. I wouldn't need to if I am wearing gloves." When asked about the gloves being semi-permeable, the CR stated she had not thought about that. The CR stated the RCA's should have removed their gloves and washed their hands after coming in contact with the soiled briefs. The aide should have concentrated on the resident at hand, and should not have attended to the other resident until the care was completed.

During an interview conducted on at 10:21 AM with the Area Director of Operations, she stated, when asked when hands should be washed/sanitized, that care aides should wash hands prior to putting

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964374	04/06/2016
NAME OF PROVIDER OR SUPPLIER HAMPTON ALF AT 24TH ROAD LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 S.E. 24TH ROAD OCALA, FL 34471	

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

on gloves, and after taking off gloves. She stated gloves should be removed and hands should be washed after coming in contact with a contaminated brief, and gloves should be removed and hands washed/sanitized prior to coming in contact with another resident. A request was made for the facility's policy for hand washing, and incontinence care. She stated the staff is instructed with their control training when to wash/sanitize their hands. She stated, "In these cases, it doesn't look like that was done."

Class III