RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Hampton Manor Belleview
10590 S.E. 62nd Avenue
Belleview, FL 34420

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) 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(s). Should you have any questions please call Chuck Bory at 386-462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953326	06/22/2016
NAME OF PROVIDER OR SUPPLIER **HAMPTON MANOR BELLEVIEW**	STREET ADDRESS, CITY, STATE, ZIP CODE **10590 S.E. 62ND AVENUE** **BELLEVIEW, FL 34420**	

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

0000 Initial Comments

On , a Biennial re-licensure survey with Extended Congregate Care (ECC) was conducted at Hampton Assisted Living Facility (ALF) at Belleview (facility license number 8503). Deficient practice was identified during the survey.

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure employees received the required In-service training for 2 of 3 sampled staff (Staff A and Staff B).

Findings

1. A record review of personnel records for Staff A and Staff B conducted on revealed no Activities of Daily Living and Behavioral Needs training.

An interview was conducted with the Administrator on at 4:30 PM. She confirmed Staff A and Staff B did not have Activities of Daily Living and Behavioral Needs training.

2. A record review of the personnel record for Staff B conducted on revealed no in-service training for the following: 1) Control, 2) Elopement Response, 3) Incident Reporting, and 4) Nutritional and Safe Food Handling.

An interview was conducted with the Administrator on at 4:28 PM. She confirmed Staff B's date of hire was . She confirmed Staff B has not been trained in the following in-services: 1) Control, 2) Elopement Response, 3) Incident Reporting, and 4) Nutritional and Safe Food Handling.

Class III

0082 Training - /

Based on record review and interview, the facility failed to ensure employees received the required / (/Acquired Deficiency) training for 1 of 3 sampled employees (Staff B).

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953326	06/22/2016
NAME OF PROVIDER OR SUPPLIER **HAMPTON MANOR BELLEVIEW**	STREET ADDRESS, CITY, STATE, ZIP CODE **10590 S.E. 62ND AVENUE** **BELLEVIEW, FL 34420**	

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

A record review of the personnel record for Staff B conducted on revealed no / training documentation.

An interview was conducted with the Administrator on at 4:28 PM. She confirmed Staff B's date of hire was / . She confirmed Staff B has not been trained in / .

Class III

0090 Training -

Based on record review and interview, the facility failed to ensure employees received the required ( ) training for 2 of 3 sampled employees (Staff A and Staff B).

Findings:

A record review of personnel records for Staff A and Staff B conducted on revealed no training documentation.

An interview was conducted with the Administrator on at 4:28 PM. She confirmed Staff A and Staff B have not been trained in .

Class III

0161 Records - Staff

Based on record review and interview, the facility failed to maintain staff records to include employment applications for 1 of 3 employee records sampled (Staff B).

Findings:

A record review of the personnel record for Staff B conducted on revealed no application of employment.

An interview was conducted with the Administrator on at 4:28 PM. She stated she cannot find the application of employment for Staff B.

Class III