RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Hampton Manor At Deerwood Llc
1810 Se 16th Avenue
Ocala, FL 34471

Dear Administrator:

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

Charles Bory for

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure

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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966441	08/19/2016
NAME OF PROVIDER OR SUPPLIER HAMPTON MANOR AT DEERWOOD LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1810 SE 16TH AVENUE OCALA, FL 34471	

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

0000 Initial Comments

On , 2016 and , 2016, a biennial licensure and Extended Congregate Care (ECC) survey with a bed increase was conducted at Hampton Manor at Deerwood Assisted Living Facility (license number 10647). Deficient practice was identified during the survey. The facility was not in compliance at this time.

0052 Medication - Assistance with Self-Admin

Based on observation, interview, and record review, the facility failed to ensure that unlicensed staff followed physician's prescription orders, and failed to read the medication label, while assisting with self-administration of medication for 1 of 5 residents (Resident #9).

Findings:

At 11:50 AM on Thursday, , Resident #9 was observed to approach the medication cart, which was outside of the dining hall, and spoke with Resident Care Aide B (RCA B). The resident stated to RCA B that when she was given her morning medications, she had been given her "water pill," as well. The resident stated "I only take my water pill on Monday, Wednesday, and Fridays." RCA B then left to find the Nurse Care Manager (NCM). Upon returning with the NCM, the resident restated that she was given her "water pill" during the morning medication pass, but had not taken it, since it was the wrong day for the medication. The pill, observed to be a round, white pill, was then given to the NCM and the pill was disposed of in the sharps container on the medication cart.

In an interview with Resident #9 at 3:17 PM on , the resident stated that during the morning medication pass she noticed that her "water pill," ( ) was in the medication cup that was brought to her at her table in the dining . The resident stated, "I checked the medications that they brought me before I took them and saw my water pill in there." When asked how staff assisted her with self-administration of her medications, the resident stated that her medications were brought to her at her table in the dining , and that staff did not bring the bottles, or the packs, or read them off to her, but instead, brought a medication cup with the medications already inside.

On , a review of Resident #9's medication observation record (MOR), showed that the physician's orders for the resident's read as, "Take one tablet by mouth daily on Mon, Wed, Fri." The MOR showed an 'X' over , indicating that the medication was not given to the resident.

In an interview at 4:01 PM on with the Nurse Care Manager (NCM), the NCM stated that the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966441	08/19/2016
NAME OF PROVIDER OR SUPPLIER **HAMPTON MANOR AT DEERWOOD LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1810 SE 16TH AVENUE** **OCALA, FL 34471**	

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

medication technician in the morning gave the medication to Resident # 9, but she was unsure of how the error happened. When asked about medication technicians reading aloud medication labels to residents as they are receiving their medications, the NCM stated, "Friday, Saturday and Sunday I have a nurse here giving the medications, so they just bring the meds out to them." The NCM also stated that on Monday through Thursday, Medication Techs assist residents with the self-administration of medications.

Class III