STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964324	08/19/2016
NAME OF PROVIDER OR SUPPLIER **HAMMOND HOUSE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **5301 MCKINLEY STREET** **HOLLYWOOD, FL 33021**	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR #2016005806 and CCR #2016005888, was conducted on at The Hammond House, (License #8961). The facility had deficiencies at the time of the investigation related to CCR #2016005806.

0026 Resident Care - Social & Leisure Activities

Based on observation, interviews, and record review it was determined the facility failed to encourage residents to participate in activities and provide an ongoing activities program.

The findings include:

The activity calendar that was posted for resident reference was not dated with the month ,day or year , it indicated the following activities:

a) Sunday, Monday, Wednesdays, Friday and Saturdays; BINGO 2-4 PM
b) Tuesday; Exercise 2-4 PM
c) Thursday; BBQ outside with music 12-2 PM
d) Current events was also listed on the calendar with no time listed.

During observations on / from 10:30 AM-4:00 PM, there were no activities observed being provided by the facility .

In an interview conducted with Resident #2 on at 11:00 AM, she confirmed that the facility does not have any activities, that the board lists BINGO but she has never seen that activity at the facility. In an interview conducted with Resident #3 on at 11:15 AM, she stated that the facility does not have any activities for the residents. In an interview conducted on at 11:55 AM, with Resident #5, she stated that there are no activities at the facility. She also stated that no current event activity occurred today. In an interview conducted on / at 12:00 PM with Resident #6, she stated she would like current events, but the facility does not have activities.

In an interview conducted on / at 2:15 PM with Staff A, she stated that there is no schedule activities for the residents. They just do whatever with the residents. Nothing is scheduled; occasionally she takes Resident #4 for a walk.

In an interview conducted on / at 9:30 AM with the family of Resident #1, she stated that whenever they visited that there were never any activities taking place, they would go to the facility at

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different times, morning, afternoons and weekends and there were never any activities taking place.

In an interview conducted with the Administrator on / at 4:00 PM, he acknowledged the findings.

Class III

0160 Records - Facilitv

Based on record review and interview the facility failed to ensure that an up- to- date admission and discharge log listing the names of all residents was maintained as required.

The findings include:

A review of the facility's admission and discharge log, revealed that Resident #1 and Resident #7 were not listed on the log. A review of Resident #1's record revealed a resident demographic sheet which reveals a date of admission of a contract signed on , and a Medication Observation Record (MOR) for the month of where she started receiving medications on / . Further review of the record revealed a Long Term Care program service request; requesting care and services to be provided to Resident #1 beginning on / and a terminate service request on / as resident was transferred to a hospice unit on that date. A review of Resident #7's record revealed a demographic sheet indicating that she was admitted to the facility on .

In observations conducted on , Resident #7 was observed sitting in a recliner watching television. In an interview conducted with Resident #7 on at 12:20 PM she stated she was a resident of the facility.

In an interview conducted on at 11:45 AM with the Administrator Designee, she reviewed the Admission/ Discharge log and confirmed that Resident #1 and #7 were not on the log.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 1, 2016

Administrator
The Hammond House
5301 McKinley Street
Hollywood, FL 33021

RE: CCR #2016005806 and CCR #2016005888

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on [redacted], 2016 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 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 [redacted], 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene [redacted]-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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