STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964324	10/27/2016
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 #2016009191) was conducted at the Hammond House (license 8961) on 10/27/16. The Facility had deficiencies found at the time of the complaint investigation.

Z814 Background Screening Clearinghouse

Based on record review and interviews the facility failed to maintain an accurate background screening roster, for 4 out of 6 sampled employees.

Findings include:

On a record review of the facilities work schedule documented the facility used 4 Staff members, Staff C, Staff E, Staff G and Staff H.

On a record review was conducted on the facilities background screening roster as a part of the Agency's background screening web site. The review documented the facility had not listed Staff C and Staff G on the roster. The review also documented the Administrator and Assistant Administrator were not listed on the background screening roster.

On at 1:50 PM, an interview with the Assistant Administrator (Staff A), the Assistant Administrator (Staff B), stated she understood she needed to list herself, the Administrator, Staff C and Staff G on the background screening roster as required.

Unclassified

Z815 Background Screening: Prohibited Offenses

Based on record reviews and interviews the facility placed residents at-risk by failing to ensure all staff providing care and supervision to residents had a completed Level II background screening.

Findings include:

Record review of Staff C's employee file was conducted. The file documented failed to indicate Staff C had completed a Level II background screening prior to providing care and supervision to residents.

Record review of the Agency's background screening web site, revealed Staff C did not have a current

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Level II background screening.

On 10/27/16 at 1:50 PM in an interview with the Assistant Administrator, the Assistant Administrator confirmed Staff C had been working for more than 30 days providing care and supervision of residents. The Assistant Administrator stated, she was not aware the facility failed to maintain a Level II background screening for Staff C.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Hammond House (The)
5301 McKinley Street
Hollywood, FL 33021

RE: CCR #2016009191

Dear Administrator:

This letter reports the findings of a complaint licensure survey that was conducted on 27, 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 , 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 Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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