STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965454	11/08/2016
NAME OF PROVIDER OR SUPPLIER **D.R. HAMMOND ENTERPRISES, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **357 SE 6 STREET** **DANIA BEACH, FL 33004**	

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

0000 Initial Comments

An unannounced relicensure survey was conducted on- 11/09/2016 at D. R. Hammond Enterprises, Inc. (License #9929). The facility had deficiencies identified at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interviews, the facility failed to ensure that assistance with self-administration of medications to 1 out of 5 sampled residents (Resident #4) was performed in a safe and sanitary manner. As evidence of Employee failing to follow control while providing assistance with meds.

The findings included:

During observation of Medication Administration (Med/Pass), Employee B who assisted resident #4 was observed on / at 12:54 PM performing the following tasks.
She retrieved the medication package from the cabinet and the Medication Observation Record (MOR) after sanitizing her hands. She approached the resident and informed him about the medication he had scheduled (50 mg. Take one tablet three times each day). Then, she took a pill crusher and tried to push the pill into it. But, the pill on the floor. She picked up the pill and crushed it anyway and she mixed some apple sauce in the plastic cup that contained the crushed pill.

As Employee B was getting ready to hand the apple sauce mixed with the crushed pill to Resident #4, this writer stopped her. When questioned on whether she was actually going to give the crushed pill to the resident. Employee B thought about it a while then said "No, I was going to throw it away." Immediately after, she recanted and admitted that she was going to give it to the Resident.

The Administrator intervened and told Employee B to discard the content and to give Resident #4 another pill from the package. The Administrator stated that she will inform the pharmacy about the destroyed pill.

Employee B then washed the crusher and mixed another crushed pill with apple sauce and handed it over to the resident who took it and swallowed it. Thereafter, Employee B signed the MOR.

During a follow-up interview with the Administrator who witnessed the situation, she stated that she will conduct an in-service for the employees regarding assisting residents with taking their medications.

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

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provide a safe and comfortable living environment to the residents by not providing timely maintenance services.

The findings included:

On 11/ at 10:00 AM, during a tour of the facility with the Administrator, the following was noted:

1) The wall in # 1 next to Resident #1's bed had a large unplastered and unpainted area. The outlet next to Resident #3's bed (Resident #1) was uncovered exposing the electrical wires.
2) The cable wires in # 1 next to Resident #4's bed was not properly secured to the wall and the cable insulator's box was not covered.
3) In the family to the residents' recliners, there was a hole covered with masking tape, and the wall was observed scrapped and the paint was peeling. Many wires were observed on the floor next to residents' slippers that posed a tripping safety concern.
4) In # , a by Resident # 3 after the recent of her , the paint on the wall was observed to be heavily scrapped and the electric outlet to the resident's bed was not covered. The telephone jack was broken and unsecured.
5) In # , the paint on the wall next to Resident #5's bed was peeling and had many black stains. The electric outlet in which the resident's bed is plugged had no cover.

During an interview with the Administrator on 11/ at 10:30 AM, she stated that she was going to have these identified issues resolved immediately.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
D.R. Hammond Enterprises, Inc.
357 SE 6 Street
Dania Beach, FL 33004

Dear Administrator:

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

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure

XG90

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