STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966931	**06/23/2017**
NAME OF PROVIDER OR SUPPLIER **HAMPTON COURT ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **7801 NW 45TH COURT** **LAUDERHILL, FL 33351**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at Hampton Court ALF (License#11043). There were deficiencies at the time of the survey.

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and staff interview, the facility failed to ensure 1 of 2 sampled staff (Staff A) received the required in-service training regarding the facility's policy and procedures within 30-days of hire.

The Findings Included:

During employee record review for Staff A (hire date), there was no documentation contained within the employee's file, or provided by the designee, showing completion of the regulatory in-service training regarding the facilities policy and procedures for the following topics:

a) Incident Reporting
b) Residents Rights
c) Recognizing, Reporting, , Neglect, and
d)
e) Elopement Response Policy and Procedures

During an interview conducted with The Designee on at approximately 2:00 PM, she acknowledged the absence of documentation confirming completion of the trainings.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure that 1 of 2 sampled staff (Staff A) who provides assistance with self-administration of medication had successfully completed 4 hours of initial training on providing assistance with self-administered medications.

The Findings Included:

Record review was conducted, it revealed Staff A completed the 2-hour annual update on . Further review revealed no documentation for the initial 4-hour assist with self- administration of medication training.

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An interview was conducted with the Designee on [redacted] at approximately 1:10 PM, she acknowledged the findings and no additional documentation was provided for review.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observations and record review, it was determined that the facility failed to ensure that documentation of the appointment of a health care proxy or the existence of a Power of Attorney (POA) was on file, for 2 of 5 sampled residents (Resident #2, Resident #5).

The Findings Included:

While conducting a resident record review for Resident #2 on at 2:00 PM, it was observed that a representative signed the resident contract for admission into the facility. At 2:17 PM while conducting a record review for Resident #5, it was also observed that a representative signed the resident contract for admission into the facility. Further observation of the records for Resident #2 and Resident #5 revealed there was no documentation of a Power of Attorney (POA) or guardianship documentation on file for Resident #2 and Resident #5.

During an interview with the designee at 2:27 PM on [redacted], regarding no documentation of a POA/Guardian in the files for Resident #2 and Resident #5; the designee was given the opportunity to locate the documentation for each resident. The designee was unable to locate any documentation. No additional information was presented at this time.

Class

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview, the facility failed to obtain a new employee background screening for employees who had a 90 day break in service from a position that required Level II screening, for 2 of 2 sampled staff (Staff A and Staff B).

The Findings Included:

Review of Staff A's personnel record revealed Staff A was hired on [redacted] and Staff B was hired on [redacted]. The most recent background screening for Staff A was completed on [redacted], and for Staff

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B on . A review of Staff A's employment application documents her last date of employment was 2015. At this time, an interview was conducted with Staff A, she confirmed the last time she was employed was in 2015 and she was not notified that she needed a new backgrounds screening prior to starting this job. A review of Staff B's employment application revealed no documentation of employee end dates. An interview was conducted at this time, Staff B stated she has not worked in a position that required a Level II background screening since 2012.

A review of the Agency for Healthcare Administration background screening website revealed that Staff A and Staff B had not completed a new Level II Background Screenings after a 90-day break in service.

During an interview with the Designee, she acknowledged the findings and provided no additional documentation for review.

Unclassified