STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964374	07/09/2017
NAME OF PROVIDER OR SUPPLIER **HAMPTON ALF AT 24TH ROAD LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1500 S.E. 24TH ROAD** **OCALA, FL 34471**	

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

0000 - Initial Comments

An unannounced complaint survey (CCR 2017007130) was conducted on 8-9, 2017 at Hamptom Assisted Living Facility at 24th Road (License #8927) in Ocala, FL. Hamptom Assisted Living Facility at 24th Road had deficiencies at the time of the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed obtain a Resident Health Assessment, AHCA Form 1823, that was accurate and complete for 2 (Resident #1, #3) of 2 residents reviewed.

Findings:

A record Review of the Resident Health Assessment, AHCA Form 1823 was reviewed for Resident #1. It revealed the following areas were incomplete:
" Page 1: Height
" Page 2: Comment section indicating extent and type of assistance needed for Activities of Daily Living
" Page 2: Section 1, Part C, #5: Require 24 hour nursing or care is blank
" Page 2: Section 1, Part D: Can needs be met in an Assisted Living Facility is blank
" Page 4: Section 2-B, Part B: Assistance needed for medications and what type of assistance needed is blank
" Page 4: Medical Certification: Address and telephone number of the examiner is blank

A record Review of the Resident Health Assessment, AHCA Form 1823 was reviewed for Resident #3. It revealed the following areas were incomplete:
" Page 1: Known , height and weight were blank
" Page 1: Physical and Sensory limitations was blank
" Page 1: Elopement Risk is blank
" Page 2: Special Diet Instructions is blank
" Page 2: Section 1, Part C, #3: Any , 3, or 4 pressure sores is blank
" Page 2: Section 1, Part C, #5: Require 24 hour nursing or care states 'yes'
" Page 2: Section 1, Part D: Can needs be met in an Assisted Living Facility is blank
" Page 4: Section 2-B, Part B: Assistance needed for medications and what type of assistance needed is blank
" Page 4: Medical Certification: Address and telephone number of the examiner is blank

An interview was conducted with Administrator 24 on at 12:00 PM. She confirmed the Resident

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	AL11964374	07/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMPTON ALF AT 24TH ROAD LLC	**1500 S.E. 24TH ROAD OCALA, FL 34471**

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

Health Care Assessments, AHCA Form 1823 for Resident #1 and Resident #3 had inaccurate or missing information as referenced above in the record review.

Class III

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, interview and record review, the facility failed to determine the appropriateness of admission for 1 (Resident #2) of 1 residents reviewed.

Findings:

At 2:16 PM on , an interview with the Administrator B revealed that resident #2 was discharged from a on and returned on Friday, , 2017. Since resident #2 has been back, a staff member approached him while he was sleeping in another residents bed and the resident #2 kicked her.

An interview was conducted with Staff F on at 1:04 PM. She stated Resident #2, is aggressive with staff.

An interview was conducted with Staff B on at 1:32 PM. She stated Resident #2 is aggressive with staff. She is concerned he may get aggressive with another resident.

At 2:17 PM on , staff were observed going from resident resident look for Resident #2 because they did not know where he was. Resident #2 was observed in another female resident , sleeping in her bed. The female resident was not in her the time.

At 2:30 PM on , staff were observed going from resident resident look for Resident #2 because they did not know where he was. Resident #2 was observed sleeping in a female resident's her couch. The female resident, was sleeping in her bed at the time.

An interview was conducted with the Resident Care Manager, an LPN on at 2:30 PM where she confirmed the staff were afraid of the resident since he strikes out and hits them.

An interview was conducted with the Administrator B on at 10:33 AM. She stated Resident #2 is on 45-minute checks.

On at 11:54 AM Administrator B and other staff were looking for Resident #2. Resident #2 was

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

found in another residents , sitting on the couch.

A review of the Resident #2 Health Assessment, Form 1823 dated revealed Resident #2 is an elopement risk, he needs 24 hour nursing or , care and his needs cannot be met in an Assisted Living Facility.

An interview was conducted with Administrator B on at 4:02 PM. She confirmed the Resident Health Assessment read on page 2 that the resident required 24 hour nursing or , care and the physician, in his professional opinion checked "no" the resident's needs cannot be met in an Assisted Living Facility.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, interviews and record reviews, the facility failed to offer adequate supervision of residents to ensure their health, safety and physical well-being, for a resident at risk for , who and sustained a and for a resident that wanders, for 2 of 2 residents (for Resident #1, #2).

Findings:

Record review shows Resident #1 was re-admitted on . A record review of the Resident Health Assessment, AHCA for 1823 dated revealed the resident has a medical history of frequent , climbs over bed-rails, forgetful and not easily directed with special precautions for .

An interview was conducted with Administrator 24 on at 10:16 AM. She stated Resident #1 was admitted back on she had a bed/chair alarm, which was used in her bed or chair. The instructions for the staff is to assist Resident #1 right away upon hearing the alarm.

Further record review revealed Resident #1 had additional on and .

An interview was conducted with Staff C on at 10:20 AM. She stated she saw Resident #1 on the floor, she did not see her . She said she heard the alarm in the hallway. She stated Resident #1 was in the sitting area out of sight of the hallway. She stated Resident #1 had tried to get up repeatedly all day. She stated the staff tried to lay her in bed but then brought her back out to common area .

An interview was conducted with Staff D on at 10:34 AM. She stated the resident had tried to get up several times that day and she would assist her to sit back down.

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	AL11964374	07/09/2017

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HAMPTON ALF AT 24TH ROAD LLC	**1500 S.E. 24TH ROAD OCALA, FL 34471**

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

An interview was conducted with Staff E on at 10:57 AM. She stated she was manager on duty on . She stated she heard someone state that a resident . She stated she did not see the resident . She stated she did not hear the alarm sound off. She stated she went to the common area, she observed Resident #1 lying on her side. She stated Resident #1 had tried to get up several times that day. The resident was brought up to her in the office area and she kept trying to get up and she could hear the alarm but it was not loud. When I saw her trying to get up, she was able to get her to sit back down before she was all the way up. She stated she spent this time one on one with the resident. This was during lunchtime at the facility. When the alarms sound, staff have to go and check because it is an alert for that resident.

A record review of the Incident Report dated at 1:10 PM read 'Resident #1 went to stand up from wheelchair and tripped over leg rests falling face first, injury: raised area on forehead right side, 911 transport to hospital.'

An interview was conducted with the Resident Care Manager, Licensed Practical Nurse on at 9:57 AM. She stated she called the hospital on for an update and she was informed that Resident #1 had a of pubic synthesis and was admitted to hospital.

2. At 2:16 PM on , an interview with the Administrator B revealed Resident #2 discharged on a on for being aggressive with staff and going in and out of resident . She stated he returned on Friday, , 2017. Since he has been back, a staff approached him while he was sleeping in another residents bed and the resident kicked her.

An interview was conducted with Staff F on at 1:04 PM in reference to resident #2. Staff F stated Resident #2 is aggressive with staff.

An interview was conducted with Staff B on at 1:32 PM. She stated Resident #2 is aggressive with staff. She is concerned he may get aggressive with another resident.

At 2:17 PM on , staff were observed going from resident resident look for Resident #2 because they did not know where he was. Resident #2 was observed in another resident , a female's , sleeping in her bed. The female resident was not in her the time.

At 2:30 PM on , staff were observed going from resident resident look for Resident #2 because they did not know where he was. Resident #2 was observed sleeping in a resident's the couch. The resident, a female was sleeping in her bed at the time.

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

An interview was conducted with the Resident Care Manager, an LPN on at 2:30 PM where she confirmed the staff were afraid of the resident since he strikes out and hits them.

An interview was conducted with the Administrator B on at 10:33 AM. She stated Resident #2 is on 45-minute checks.

On at 11:54 AM Administrator B and other staff were looking for Resident #2. Resident #2 was found in another residents , sitting on the couch. The resident who occupied the clearing agitated to have Resident #2 in his he would not leave.

A review of the Resident Health Assessment, Form 1823 dated revealed Resident #2 is an elopement risk, he needs 24 hour nursing or , care and his needs cannot be met in an Assisted Living Facility.

Class II

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on interview and record review, the facility failed to file an adverse incident for 1 (Resident #1) of 1 residents.

Findings:

Resident #1 was admitted to the facility on .

A record review of the observation notes dated reads "resident observed on floor in dining at 9:00 PM with scrape on left arm and right shoulder, sent to Emergency (ER) for eval."

A record review of resident 1823 health assesment dated shows resident has percautions. Needs assistance ambulating. Resident also used a wheelchair with an alarm.

Resident #1 returned to the facility on .

A record review of the Hospital Patient Medication Discharge Instructions dated verified the primary diagnosis was a right sustained from the .

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SUMMARY STATEMENT OF DEFICIENCIES
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An interview conducted with Administrator 24 via encrypted email on confirmed the resident suffered a following a in the dining . Administrator of the facility confirmed an adverse incident was not completed as required.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced complaint survey (CCR 2017007130) was conducted on 8-9, 2017 at Hamptom Assisted Living Facility at 24th Road (License #8927) in Ocala, FL. Hamptom Assisted Living Facility at 24th Road had deficiencies at the time of the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed obtain a Resident Health Assessment, AHCA Form 1823, that was accurate and complete for 2 (Resident #1, #3) of 2 residents reviewed.

Findings:

A record Review of the Resident Health Assessment, AHCA Form 1823 was reviewed for Resident #1. It revealed the following areas were incomplete:
" Page 1: Height
" Page 2: Comment section indicating extent and type of assistance needed for Activities of Daily Living
" Page 2: Section 1, Part C, #5: Require 24 hour nursing or care is blank
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" Page 4: Medical Certification: Address and telephone number of the examiner is blank

A record Review of the Resident Health Assessment, AHCA Form 1823 was reviewed for Resident #3. It revealed the following areas were incomplete:
" Page 1: Known , height and weight were blank
" Page 1: Physical and Sensory limitations was blank
" Page 1: Elopement Risk is blank
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" Page 4: Section 2-B, Part B: Assistance needed for medications and what type of assistance needed is blank
" Page 4: Medical Certification: Address and telephone number of the examiner is blank

An interview was conducted with Administrator 24 on at 12:00 PM. She confirmed the Resident

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SUMMARY STATEMENT OF DEFICIENCIES
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Health Care Assessments, AHCA Form 1823 for Resident #1 and Resident #3 had inaccurate or missing information as referenced above in the record review.

Class III

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, interview and record review, the facility failed to determine the appropriateness of admission for 1 (Resident #2) of 1 residents reviewed.

Findings:

At 2:16 PM on , an interview with the Administrator B revealed that resident #2 was discharged from a on and returned on Friday, , 2017. Since resident #2 has been back, a staff member approached him while he was sleeping in another residents bed and the resident #2 kicked her.

An interview was conducted with Staff F on at 1:04 PM. She stated Resident #2, is aggressive with staff.

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SUMMARY STATEMENT OF DEFICIENCIES
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An interview was conducted with Administrator B on at 4:02 PM. She confirmed the Resident Health Assessment read on page 2 that the resident required 24 hour nursing or , care and the physician, in his professional opinion checked "no" the resident's needs cannot be met in an Assisted Living Facility.

Class III

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Further record review revealed Resident #1 had additional on and .

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Class II

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III