STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910278	11/20/2017
NAME OF PROVIDER OR SUPPLIER **HAWTHORNE INN OF OCALA**	STREET ADDRESS, CITY, STATE, ZIP CODE **4100 SW 33RD AVENUE** **OCALA, FL 34474**	

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

0000 - Initial Comments

On and , a biennial licensure survey with Extended Congregate Care (ECC) was conducted at Hawthorne Inn of Ocala, (Licence number 7129). During the survey deficient practice was identified.

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

Based on record review and interview, the facility failed to ensure that the Resident Health Assessment (AHCA Form 1823) was complete and accurate for 2 of 10 residents (Resident #1 and #8).

Findings:

On , a record review of Resident #1's Resident Health Assessment (AHCA form 1823) dated showed no documentation for sections labeled under contact person, weight/height, physical or sensory limitations, nursing/treatment/ services, special precautions, or resident ambulation level.

On , a record review of Resident #1's Incident Reports revealed a report completed and dated on showed Resident #1 out of her bed, she did not hit her head and she did not want to go to the hospital, her son and physician was notified.

On , record review of Resident #1's file showed that she received a Physical ( ) evaluation on . Resident #1 with diagnosis of a history of and generalized muscle presented to with multiple co- that may affect current level of functioning. The evaluation indicated that resident will benefit from skilled services to improve ambulation, strength, balance, transfers, and bed mobility. The report shows resident with precautions of risk and aphasia.

On , record review of Resident #1's file showed an Occupational (OT) evaluation dated on indicated a diagnosis of and following other affecting right dominant side and lack of coordination. It shows Resident #1 was referred to skilled OT interventions due to report of decreased strength which has output with self-care tasks. The evaluation shows Resident #1 would be at risk for further decline in areas of self-care and increased risk of injury without Occupational interventions.

On at 3:30 PM, the facility Manager confirmed the Resident #1's 1823 dated was not accurately completed and filled out.

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SUMMARY STATEMENT OF DEFICIENCIES
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On , record review of resident #8's Resident Health Assessment (AHCA Form 1823) dated , revealed no documentation in the sections label nursing/treatment/ services and weight/height section on page 1 of the 1823 form.

On at 3:35 PM, the facility Manager confirmed the Resident #8's 1823 dated was not complete in two section on page 1.

Class III