Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964374	A. BUILDING: _____ B. WING _____	02/21/2018

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments On , 2018 an unannounced complaint survey (CCR#2018002594) was conducted at Hampton Assisted Living Facility at 24th Road, Ocala, FL. (License #8927). Deficient practice was identified during the survey process.	A 000		
A 008	429.26(4-6) FS; 58A-5.0181(2) FAC Admissions - Health Assessment 429.26 (4) If possible, each resident shall have been examined by a licensed physician, a licensed physician assistant, or a licensed nurse practitioner within 60 days before admission to the facility. The signed and completed medical examination report shall be submitted to the owner or administrator of the facility who shall use the information contained therein to assist in the determination of the appropriateness of the resident ' s admission and continued stay in the facility. The medical examination report shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (5) Except as provided in s. 429.07, if a medical examination has not been completed within 60 days before the admission of the resident to the facility, a licensed physician, licensed physician assistant, or licensed nurse practitioner shall examine the resident and complete a medical examination form provided by the agency within 30 days following the admission to the facility to enable the facility owner or administrator to determine the appropriateness of the admission.	A 008		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Agency for Health Care Administration

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A 008	Continued From page 1 The medical examination form shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection by the agency or upon request. (6) Any resident accepted in a facility and placed by the department or the Department of Children and Families shall have been examined by medical personnel within 30 days before placement in the facility. The examination shall include an assessment of the appropriateness of placement in a facility. The findings of this examination shall be recorded on the examination form provided by the agency. The completed form shall accompany the resident and shall be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident providing it was completed within 90 days prior to admission to the facility. The applicable department shall provide to the facility administrator any information about the resident that would help the administrator meet his or her responsibilities under subsection (1). Further, department personnel shall explain to the facility operator any special needs of the resident and advise the	A 008		

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A 008	Continued From page 2 operator whom to call should problems arise. The applicable department shall advise and assist the facility administrator where the special needs of residents who are recipients of , require such assistance. 58A-5.0181 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a health care provider as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days before to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or services required by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication; 6. Whether the individual has signs or symptoms of , or any other communicable , which are likely to be transmitted to other residents or staff; 7. A statement on the day of the examination that, in the opinion of the examining health care provider, the individual ' s needs can be met in an assisted living facility; and	A 008		

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A 008	Continued From page 3 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care provider. The medical examination may be conducted by a health care provider licensed under Chapter 458, 459 or 464, F.S. (b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, . . . 2010. The form is hereby incorporated by reference. AHCA Form 1823 may be obtained http://www.flrules.org/Gateway/reference.asp?No =Ref-04006. Faxed or electronic copies of the completed form are acceptable. The form must be completed as instructed. 1. Items on the form that may have been omitted by the health care provider during the examination do not necessarily require an additional face-to-face examination for completion. The facility may obtain the omitted information either orally or in writing from the health care provider. 2. Omitted information must be documented in the resident ' s record. Information received orally must include the name of the health care provider, the name of the facility staff recording the information, and the date the information was provided. 3. Electronic documentation may be used in place of completing the section on AHCA Form 1823 referencing Services Offered or Arranged by the Facility for the Resident. The electronic documentation must include all of the elements described in this section of AHCA Form 1823. (c) Any information required by paragraph (a) that is not contained in the medical examination report	A 008		

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A 008	Continued From page 4 conducted before the individual ' s admission to the facility must be obtained by the administrator using AHCA Form 1823 within 30 days after admission. (d) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S., and this rule. (f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the health care provider conducting the medical examination may be attached to the health assessment. A health care provider may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or . (g) A resident placed on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular	A 008		

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A 008	Continued From page 5 admission This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure Resident Health Assessments (AHCA Form 1823) were signed and completed for 5 of 6 residents reviewed. Findings: On . . . . . records review revealed Resident #33's Health Assessment (AHCA Form 1823) dated . . . . . (1823 form dated for . . . . , after survey date). On page one of the assessment revealed under the section labeled nursing, treatment and services required, shows medication administration (resident was admitted to Hospice on); Under special precautions it shows none (resident is a . risk). On page four of the assessment shows no list of current medications, type of assistance needed to administer medications with level of assistance, examiner's address, and telephone number, incomplete. (Photographic Evidence provided) On , record review of Resident #30's Health Assessment (AHCA Form 1823) dated revealed no list of current medication on page 4. (Photographic Evidence) On . . . . . , record review of Resident #32's Health Assessment (AHCA Form 1823) dated . . . shows a facility name of . . . , . . . Residence at Cala Hills located at 2300 SW 21st Circle in Ocala, FL; page 4 of the form. (Photographic Evidence) On , record review of Resident #14's	A 008		

Agency for Health Care Administration

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A 008	Continued From page 6 Health Assessment (AHCA Form 1823) undated shows on page 1, no facility address, telephone number or contact person. Page 4 shows the level of assistance needed for medication administration is not identified, no documentation on the line showing medical license number, address of examiner, telephone number, and the date of examination. (Photographic Evidence provided) On . . . at 1:21 PM, interview conducted with the community Director confirmed the Resident Health Assessments (AFCA Form 1823) were incomplete. She stated the facility is in the process of correcting the resident health assessments. Class III	A 008		
A 079	58A-5.019(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents — Staff Hours/Week 0-5 — 168 6-15 — 212 16- 25 — 253 26-35 — 294 36-45 — 335 46-55 — 375 56- 65 — 416 66-75 — 457 76-85 — 498 86-95 — 539 For every 20 residents over 95 add 42 staff hours per week. 2. Independent living residents as referenced in	A 079		

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A 079	Continued From page 7 subsection 58A-5.024(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility and who receive no personal, limited nursing, or extended congregate care services, are not counted as a resident for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and [illegible] ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health, satisfies this requirement. b. A nurse is considered as having met the course requirements for both First Aid and . In addition, an emergency medical technician or paramedic currently certified under Part III, Chapter 401, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff	A 079		

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A 079	Continued From page 8 member who is at least [illegible] must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager ' s time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility ' s staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents ' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or representatives, for that resident ' s care. (d) The facility must provide staff immediately	A 079		

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A 079	Continued From page 9 when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a) if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41(1)(a), F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if the plan increases the staff to needed levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing	A 079		

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A 079	Continued From page 10 home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain minimum staffing hours 10 of 13 weeks reviewed for 42 of 42 resident. Findings: On , record review of facility staffing hours for 42 residents, the required minimum staffing hour's show 335 per week. A record review of employee staffing hours provided by the Community Director for the past 3 months revealed 10 of the 13 weeks were below minimum staffing requirements: Week of - -171.75 hours Week of - -159.75 hours Week of - -283.50 hours Week of - -259.50 hours Week of - -206.75 hours Week of - -275.00 hours Week of - -287.50 hours Week of - -257.25 hours Week of - -232.75 hours Week of - -72.25 hours (Staffing Schedule Evidence Obtained) On at 1:12 PM, interview conducted with the community Director confirmed the facility staff has been operating below the minimum weekly staffing hours for the past three months. The Community Director stated the facility staffing has	A 079		

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A 079	Continued From page 11 had some hiccups and she is working on resolving the problem. She stated the team comes together to ensure residents receive the care, services and treatment needed on a daily basis. On . at 2:03 PM, interview conducted with Staff C revealed the facility is short of staff and she has been working overtime for a couple of months. On at 2:15 PM, interview conducted with Staff D revealed the facility is short of staff and the nurses are helping provide resident care along with the aides, she stated three new people were hired in , and the facility is still understaffed. Class III	A 079		

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

0000 - Initial Comments

On , 2018 an unannounced complaint survey (CCR#2018002594) was conducted at Hampton Assisted Living Facility at 24th Road, Ocala, FL. (License #8927). Deficient practice was identified during the survey process.

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 Resident Health Assessments (AHCA Form 1823) were signed and completed for 5 of 6 residents reviewed.

Findings:

On records review revealed Resident #33's Health Assessment (AHCA Form 1823) dated (1823 form dated for , after survey date). On page one of the assessment revealed under the section labeled nursing, treatment and services required, shows medication administration (resident was admitted to Hospice on); Under special precautions it shows none (resident is a risk). On page four of the assessment shows no list of current medications, type of assistance needed to administer medications with level of assistance, examiner's address, and telephone number, incomplete. (Photographic Evidence provided)

On , record review of Resident #30's Health Assessment (AHCA Form 1823) dated revealed no list of current medication on page 4. (Photographic Evidence)

On , record review of Resident #32's Health Assessment (AHCA Form 1823) dated shows a facility name of , Residence at Cala Hills located at 2300 SW 21st Circle in Ocala, FL; page 4 of the form. (Photographic Evidence)

On , record review of Resident #14's Health Assessment (AHCA Form 1823) undated shows on page 1, no facility address, telephone number or contact person. Page 4 shows the level of assistance needed for medication administration is not identified, no documentation on the line showing medical license number, address of examiner, telephone number, and the date of examination. (Photographic Evidence provided)

On at 1:21 PM, interview conducted with the community Director confirmed the Resident Health Assessments (AFCA Form 1823) were incomplete. She stated the facility is in the process of correcting the resident health assessments.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964374	02/21/2018
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview the facility failed to maintain minimum staffing hours 10 of 13 weeks reviewed for 42 of 42 resident.

Findings:

On , record review of facility staffing hours for 42 residents, the required minimum staffing hour's show 335 per week. A record review of employee staffing hours provided by the Community Director for the past 3 months revealed 10 of the 13 weeks were below minimum staffing requirements:

Week of - -171.75 hours
Week of - -159.75 hours
Week of - -283.50 hours
Week of - -259.50 hours
Week of - -206.75 hours
Week of - -275.00 hours
Week of - -287.50 hours
Week of - -257.25 hours
Week of - -232.75 hours
Week of - -72.25 hours (Staffing Schedule Evidence Obtained)

On at 1:12 PM, interview conducted with the community Director confirmed the facility staff has been operating below the minimum weekly staffing hours for the past three months. The Community Director stated the facility staffing has had some hiccups and she is working on resolving the problem. She stated the team comes together to ensure residents receive the care, services and treatment needed on a daily basis.

On at 2:03 PM, interview conducted with Staff C revealed the facility is short of staff and she has been working overtime for a couple of months.

On at 2:15 PM, interview conducted with Staff D revealed the facility is short of staff and the nurses are helping provide resident care along with the aides, she stated three new people were hired in , and the facility is still understaffed.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964374	**02/21/2018**
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)

Class III