STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964374	04/23/2018
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)

0000 - Initial Comments

On , , 2018 an Extended Congregate Care monitoring survey was conducted at Hampton Assisted Living Facility at 24th Road. The Hampton Assisted Living Facility at 24th Road had deficiencies at the time of the investigation.

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

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

Findings:
On at 10:20 AM an interview was conducted with Resident #1. During the interview Resident #1 stated, "I have to sit on a cushion because I have a on my tailbone."

On a record review of the most current Resident Health Assessment, AHCA Form 1823 dated revealed the second page of the Assessment under C. (3.) Any , 3, or 4 pressure sores? (N) Was marked in the space designated for Yes/No (Y/N). (Photographic evidence)

On a record review of the Reliable Healthcare Skilled Nursing Visit document revealed location: , status: open, present on admission, type: , , Stage: II, length: 1 cm, width: 0.5 cm, depth: 0.2 cm, surrounding tissue: fragile. "Advanced Registered Nurse Practitioner (ARNP) to inspect due to slow healing."

On at 3:00 PM an interview with Staff B, LPN (Licensed Practical Nurse), Nurse Care Manager confirmed Resident #1 has a pressure and care is performed by the Home Health Agency. Staff B, LPN, Nurse Care Manager confirms the current AHCA Form 1823 dated revealed on page 2, C. (3.) Any , 3, or 4 pressure sores? (N) Was marked in the space designated for Yes/No (Y/N). Staff B, LPN, Nurse Care Manager confirmed AHCA Form 1823 was inaccurate due to change in condition.