STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964374	R-C 08/15/2017
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

On [redacted], an unannounced follow up survey was conducted at the Hampton at 24th Road Assisted Living Facility. Deficient practice was identified during this survey.

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

Based on record review, observation, and interview, the facility failed to provide personal supervision as appropriate for each resident for 4 of 5 residents reviewed (Resident #8, #9, #10 & #11).

Findings:

During a record review on [redacted], the facility's plan of correction identified five residents as [redacted] risks that required interventions as follows:

Resident #8: 45 day notice, high [redacted] wheelchair, wheel chair alarm, cushion, bedside pads, rubber sole footwear, AM/PM nap, activities during daytime
Resident #9: Chair/bed alarm, wheelchair
Resident #10: Chair/bed alarm, wheelchair, scoop mattress
Resident #11: Wheelchair, floor mat, private companion
Resident #12: Chair/bed alarm, wheelchair

During an observation on [redacted] at 11:40 a.m., Resident #8 was identified in the main dining room, sitting on a cushion in a high [redacted] wheel chair with an alarm attached to resident's shirt. Resident #8 was wearing rubber soled slippers. A tour was conducted of Resident #8's apartment with the Community Director. No bed side pads were observed.

During an interview with the Community Director on [redacted] at 11:40 a.m., the Community Director confirmed Resident #8's room and bed. The Community Director confirmed there were no bed pads in the room.

During an observation on [redacted] at 11:50 a.m., Resident #9 was observed to be sitting in a wheelchair participating in an activity program. No chair alarm was present on wheelchair for Resident #9.

During an interview on [redacted] at 11:52 a.m., the Community Director confirmed Resident #9's identity and confirmed no alarm was present on the wheelchair or on Resident #9.

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SUMMARY STATEMENT OF DEFICIENCIES
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During an observation on at 11:45 a.m., Resident #10 was observed to be participating in an activity program while sitting in a wheelchair with a chair alarm attached to resident's shirt. A tour was conducted of Resident #10's apartment with the Community Director. No scoop mattress was identified on Resident #10's bed.

During an interview on at 11:47 a.m., the Community Director confirmed Resident #10's bed. The Community Director confirmed no scoop mattress was on Resident #10's bed.

During an observation on at 12:05 p.m., Resident #11 was observed to be alone inside her apartment. No private companion was identified. Resident #11 was observed to be lying in bed with wheelchair placed next to bed. A folded blue floor mat wrapped in plastic packaging was noted to be leaning against the wall opposite of the bed. Mat appeared to be in its original packaging and unused.

During an interview on at 12:05 p.m. with the Community Director, she confirmed the mat appeared never to have been used and stated she was unaware of the intervention requiring a private companion for Resident #11.

During an interview on at 12:10 p.m. with Resident Service Coordinator for the Belleview residents, she stated she was unaware of the plan of corrections identifying Resident #11 as a risk requiring a private companion as an intervention.

Class III