STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964324	**04/08/2019**
NAME OF PROVIDER OR SUPPLIER **HAMMOND HOUSE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **5301 MCKINLEY STREET** **HOLLYWOOD, FL 33021**	

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

0000 - Initial Comments

An unannounced Re-licensure survey was conducted on at Hammond House (the) Assisted Living Facility (License #8961). The facility had deficiencies identified at the time of the survey.

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observation, interview and record review, the facility failed to ensure that all staff assist residents with self-administered medications in accordance with proper state regulatory procedures, for 1 out of 1 sampled residents reviewed for medications (Resident #3).

The findings included:

While observing a medication pass between the times of 2:00 PM-2:10 PM with Staff C on the following was observed:

Staff C took the medication from the medication storage area with a medication cup. While bringing the medication to the table where Resident #3 was observed sitting, Staff C was observed to have her inside of the medication cup. Staff C than reviewed the medication label on the medication package, took the medication from the package and put the pill in the medication cup with her touching the pills. Staff C took the pills (two observed in the pack) and poured it from the cup into the residents , gave a cup of water to the resident, observed the resident take the medication with the water, then signed off on the Medication Observation Record (MOR) for given. The Surveyor did not observe Staff C wash her prior to assisting Resident #3 with the self-administration of medication process.

During an interview with Staff C on at 2:05 PM regarding handwashing, Staff C stated that she washed her prior to giving the medications. Staff C did not use proper control practices when assisting with the medications and failed to review the MOR prior to giving the medications, not reviewing that the right medication was given, the right dose, the right route or the right time.

During an interview with the Administrator and the Alternate Administrator on at 5:12 PM, the findings were discussed, and acknowledged, no further information was provided for review during this time.

Class III

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0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on employee record review and staff interviews, the facility failed to ensure 1 of 2 sampled direct care staff (Staff C) received the required 1 hour in-service training certificates in the file within 30 days of hire.

The findings included:

On , employee record review for Staff C (hire date) revealed no documentation in the file, or provided by administration showing training certificates of the following required 1 hour in-service training's completed within 30 days of hire:

a) control
b) Elopement response training
c) Emergency preparedness & Evacuation training
d) Incident reporting training
e) Resident rights training
f) Recognizing/ Reporting , Neglect & , training
g) Nutritional & Safe Food Handling
h) Polices & Procedures training

During an interview with the Administrator and the Alternate Administrator on at 5:00 PM the findings were discussed, and acknowledged by both staff, no further documentation was provided for review.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review and interview the facility failed to keep a substitution log noted and on file in the facility for up to 6 months.

The findings included:

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Upon request to review the substitution logs for the past 6 months on [redacted] at 1:47 PM, it was stated by Staff A and Staff C that we have not had any substitutions.

Review of the lunch meal on [redacted] revealed that the menu signed by the licensed dietician read that Mashed Potatoes, Carrots, Tossed Salad, Salad [redacted], and ½ cup of peaches were to be served. Observations of the meal prepared and served revealed that Staff A served Mashed Potatoes, Mixed Vegetables, Chicken, and a bowl of Peaches.

Staff A substituted Tossed Salad for Mixed Vegetables and never marked the changes on the menu. Further observations of the dietary file revealed that the facility substitute the menus for holidays and review of the menus for the past 6 months revealed that none of the substitutions were listed.

During an interview with the Staff A and Staff C and the Alternate Administrator (AA) on [redacted] at 1:50 PM it was stated by the AA to Staff A and C that you are supposed to mark it on the menus when you change anything in the meal. The AA made the corrections to the menu, acknowledged the findings, no further information was provided for review.

Class

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on observation, interview, and record review the facility failed to maintain proof of an attestation of compliance for the Background Screening Clearinghouse for 1 of 2 Staff files reviewed (Staff C).

The findings included:

Review of the file for Unlicensed Staff (Staff C) hired on [redacted] revealed that Staff C had no documentation of proof of compliance by attestation that there has not been a break in service from employment of more than 90 days and that Staff C had no previous disqualifying offenses prior to the background screening.

During an interview on [redacted] at 3:50 PM with the Alternate Administrator, the missing documentation was requested and unable to be found upon given the opportunity to locate the documentation. The Alternate Administrator stated that she was sure it has been done because the staff

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had been working at the facility for so long. The findings were discussed and acknowledged during this time, no further information was provided for review.

Unclassified