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
	AL11964324	A. BUILDING: _____ B. WING _____	R 07/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMMOND HOUSE (THE)	5301 MCKINLEY STREET HOLLYWOOD, FL 33021

(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 A revisit to a biennial survey was conducted at The Hammond House on . . . . . . Deficiencies were found to be uncorrected at the time of the survey.	{A 000}		
A 010 SS=D	429.26(1&9) FS; 58A-5.0181(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of the strengths, needs, and preferences of the resident, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (9) A , ill resident who no longer meets the criteria for continued residency may remain in the facility if the arrangement is mutually agreeable to the resident and the facility; additional care is rendered through a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of	A 010		

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A 010	Continued From page 1 the resident are being met. 58A-5.0181 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days. (b) A resident requiring care of a , may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility. (c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions	A 010		

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A 010	Continued From page 2 are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide, as part of the continued residency criteria, and ensure that a resident have a -to- medical examination by a health care provider at least every 3 years	A 010		

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A 010	Continued From page 3 after the initial assessment, or after a significant change, whichever comes first, for 1 of 2 resident records reviewed. (Specifically, Resident # 2). The findings included: On [redacted] at 0120 PM, a side-by-side interview and record review was conducted with the Assistant Administrator. The The Florida Health Assessment Form (AHA 1823 form) for Resident # 2 was reviewed. The purpose of the review, was to conduct a medication reconciliation review. The AHCA 1823 form was dated [redacted]. At this time, the Assistant Administrator was shown the date of the form. She asked how often should the AHCA 1823 forms be completed. She stated she was not aware of the time frame. She stated Resident # 2 was being seen inside the facility by the Advanced Registered Nurse Reactionary (ARNP). A review of the Medication Observation Record (MOR) revealed an order for [redacted] 1,000 [redacted] mg, take 1 tab 2 times per day, ([redacted]). A review of the AHCA 1823 form indicated that Resident # 2 suffered from some of the following diagnosis: Type II [redacted] and [redacted]. She is a [redacted] adult who requires assistance with bathing and [redacted]. She requires total assistance with self-care grooming. The 1823 form revealed that the section under: Nursing/Treatment/Services was left blank. It does not address the facility responsibility as it relates to her Type II [redacted] status. On [redacted] at 01:24 PM, an interview was	A 010		

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A 010	Continued From page 4 conducted with Staff A. She stated Resident # 2 was Type II and had been taking her own [illegible] levels. She stated they write them down sometimes. On at 01:33 PM, an interview was conducted with Resident # 2. She was observed in a hospital bed wearing a gown. She stated she was [illegible]. She stated she had lost her [illegible] monitor months ago and hadn't checked her [illegible]. She stated she had been having pains for a while and hadn't seen the doctor. A further review of the medical chart for Resident # 2 was conducted. The lab results for the quarterly A1C [illegible] levels for Type II were not found in the file. The physician notes or orders were not found in the medical chart regarding the resident's conditions. The daily or monthly [illegible] levels were not recorded in the medical chart for the Type II . The monthly progress notes made no mention of , mentioned prior by Resident # 2. It was not noted in the medical file of the physician's most recent -to- assessment. On at 01:50 PM, an interview was conducted with the facility ARNP. She stated that the Resident only takes an oral medication for the Type II [illegible] because it is controlled. She says her AIC level is 5.8, which is very good. She stated she does not need to have her [illegible] levels checked daily, unless she preferred to do so. This information was not found in the medical chart in the facility in order for the staff and administration to determine the care and services to be arranged for Resident # 2. On at 01:50 PM, an interview was	A 010		

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A 010	Continued From page 5 conducted with the Assistant Administrator. She refuted the findings. Class III	A 010		