STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105715	A. BUILDING _____ B. WING _____	**10/09/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HAMPTON COURT NURSING AND REHABILITATION CENTER	**16100 NW 2ND AVENUE NORTH MIAMI BEACH, FL 33169**

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0657 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review the facility failed to document Interdisciplinary Team (IDT) involvement in the care planning process for 3 of 4 residents reviewed for care plans (Residents #35, #47 and #99). The facility also failed to update Resident #35's care plan after a documented significant change. There were 108 residents residing in the facility at the time of the survey. The findings included: Record review on 10/08/20 revealed resident #35 was admitted on [DATE] with a most recent readmission of 05/09/20. Resident #35's [DIAGNOSES REDACTED]. Resident #35's Minimum Data Set (MDS) of 05/16/20 assessed Resident #35 as having a significant change in status on readmission of 05/09/20. Review of the Interdisciplinary Care Plan Meeting attendance record on 05/27/20 revealed that no Registered Nurse with responsibility for the resident, Certified Nurse's Aide with responsibility for the resident, and no Respiratory Therapist participated in the care plan meeting. During an interview on 10/08/20 at 12:35 PM Staff F, a Registered Nurse and Respiratory Therapist, stated that the Respiratory Therapists do not often attend care planning sessions. Staff F was asked if he had participated in Resident #35's care plan meeting for her assessed significant change, Staff F stated that he had not. On 10/09/20 the review of the facilitys policy and procedure titled Comprehensive Care Plans, revised October 1, 2019 indicated: The comprehensive care plan will be prepared by an interdisciplinary team, that includes, but not limited to: A Registered Nurse with responsibility for the resident, a Nurse Aide with responsibility for the resident, and appropriate staff of professionals in disciplines as determined by the resident's needs. The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly assessment. Review of sampled residents revealed; Resident #35's Interdisciplinary Care Plan Meeting Attendance Record dated 05/27/20 did not reflect any direct care staff (Nurses and Certified Nursing Assistants who provide daily care) or a Respiratory Therapist participating in the IDT Care Plan Meeting. Resident #47's was admitted to the facility on [DATE]. Resident #47's Annual MDS with a target date of 07/29/20. Interdisciplinary Care Plan Meeting Attendance Record dated 08/05/20 did not reflect any direct care staff participating in the IDT Care Plan Meeting. Resident #99's was admitted to the facility on [DATE]. Resident #99's Quarterly MDS with a target date of 09/16/20. Interdisciplinary Care Plan Meeting Attendance Record dated 09/23/20 does not reflect any direct care nurse participating in the IDT Care Plan Meeting. During an interview on 10/09/20 at 2:00 PM Staff C, Minimum Data Set (MDS) Coordinator and Registered Nurse and Staff B, MDS Coordinator and Licensed Practical Nurse, were asked about IDT involvement in the care planning process. Staff B stated the entire IDT was involved in each resident's comprehensive care plan, and that they have care plan meetings and they documented IDT participation on the Care Plan Meeting Attendance Record. Regarding the discrepancies identified with Residents #35, #47 and #99, Staff C stated that they do struggle to get direct care staff to participate in the Care Plan Meetings. Staff C stated that Respiratory Therapist do not often participate in ventilator dependent residents Care Plan Meetings. When asked to provide an example of a Respiratory Therapist participating in any residents Care Plan Meeting, Staff C stated that she could not. During an interview on 10/09/20 at 4:10 PM these findings were reviewed with the Administrator who is a Registered Nurse. The Administrator agreed with the findings.
F 0812 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.** Based on observation, interview and record review, the facility failed 1) to ensure proper temperature inside the one of two walk-in refrigerators, and 2) failed to ensure proper holding temperature during tray line. As evidenced by, the dairy walk-in refrigerator temperature and sampled milk containers inside the walk-in refrigerator and in the food tray cold section were over 41 degree Fahrenheit (F). This deficient practice has the potential to affect ninety residents eating by mouth, out of one hundred eight residents residing in the facility at the time of the survey. The findings include: Review of the facility's Policy and Procedure for Cold Food Temperatures at Meal Service, no date, revealed: Proper food temperatures will be maintained during meal service. Prior to service, canned fruits, desserts, salads, puddings, cottage cheese, juices, milks and other cold food items in the meal service are placed in the refrigerator at least 3-4 hours before serving. Food should be chilled to less or equal 41 F. It further showed At the time of the service cold food items will be taken from the refrigerator one tray at time to be used at the meal service. Milk will be iced for use at meal service. Cold temperature will be taken and recorded prior to service to assure foods are below 41 F. On 10/06/20 at 08:41 AM, during the initial tour in the kitchen, observation revealed that the thermometer inside the dairy walk-in refrigerator was reading 47F . The Director of Food Service (DFS) stated that this was because they were receiving delivery at that time. In addition, she stated that the outside thermometer for the walk-in refrigerator was not working properly. On 10/07/20 at 04:30 PM, during observation of the tray line, the cold section revealed internal temperature of 47 F and 45F for two sampled 8 ounces (oz.) containers of milk. The temperature check for the dairy walk-in refrigerator/cooler outside thermometer indicated a temperature reading of 47F. The Cook (Staff A) stated that the outside thermometer was not working properly. The two internal thermometers located in the middle of the dairy walk-in refrigerator/cooler indicated a temperature of 44 F. Two selected samples of milk containers inside the cooler showed an internal temperature of 47F and 48 F. On 10/07/20 at 04:45 PM, the Cook, Staff A, stated that the thermometer outside of the cooler was not functioning properly, the temperature goes down sometimes and does not read properly. The Director of Food Service stated that the company came two weeks ago to check it. On 10/08/20 at 09:53 AM, during an interview with the Director of Food Service (DFS) and Regional Dietitian (RD), the DFS stated that the cooler (dairy walk-in refrigerator) was working fine. They discarded the containers of milk inside the cooler from the previous day and they kept the cooler empty until they realized what happened. The DFS stated on the previous day (10/07/20), during dinner, the containers of milk were grabbed from the cooler at the time when the food tray line was ready to start and they iced them down in a plastic tray. The DFS explained that the facility have food delivered on Tuesdays and Fridays and the containers of milk were delivered on Tuesday ,10/06/2020. The DFS reported that the decision was made to use the thermometer inside the cooler to check the temperature since the outside thermometer was not working properly. Based on the temperature of the thermometer inside, because around two weeks ago, she noticed that the cooler was not working properly and they tried to get it repaired. The company that was called to check the cooler came and changed the fan inside the cooler.

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.