

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/29/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105715	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/03/2025
NAME OF PROVIDER OR SUPPLIER HAMPTON COURT NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 16100 NW 2ND AVENUE NORTH MIAMI BEACH, FL 33169		
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F 000	INITIAL COMMENTS An unannounced recertification survey was conducted to at Hampton Court Nursing and Rehabilitation Center. The facility was not in compliance with 42 CFR 483, Requirements for Long Term Care Facilities. The following is a description of the non-compliance:	F 000			
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to accurately code the Minimum Data Set (MDS) for one (Resident #109) out of three residents whose assessments that were reviewed, as evidenced by Resident 109 was discharged home but the discharge assessment indicated the resident was discharged to an acute hospital. The findings included Review of the medical records for Resident #109 revealed the resident was admitted to the facility on . Medical diagnoses included but not limited to: of , part unspecified, with , and without .	F 641	The Plan of Correction (POC) is submitted as required under federal and state regulations and statutes applicable to long term care providers. This POC does not constitute an admission of liability on the part of the facility and such liability is hereby specifically denied. The submission of this plan does not constitute agreement by the facility that the surveyors findings or conclusions are accurate, that the findings constitute a deficiency or that the scope or severity regarding any of these deficiencies cited are correctly applied. The corrective action accomplished for those residents identified: On Resident #109 Discharge -return not MDS dated was modified and uploaded to		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

/2025

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.

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F 641	<p>Continued From page 1</p> <p>Record review of Resident #109's MDS dated indicate in Section C for Patterns documented a () Score of 15 out of 15 indicating the residents is</p> <p>Review of Resident # 109's Minimum Data Set (MDS) dated the Discharge Status coded the resident was discharged to Short-Term General Hospital (acute hospital) on Record review of Resident #109's Care Plans revealed the Resident can be safely discharged upon completion of the rehabilitation program as planned to home.</p> <p>Interview on at 12:55 PM, Staff B, MDS Coordinator, revealed she was initially informed that Resident # 109 had been discharged to her home. Upon reviewing the records, the miscode was identified.</p> <p>Review of the facility policy and procedure revised , regarding resident assessments stated residents are assessed, using a comprehensive assessment process, in order to identify care needs and to develop an interdisciplinary care plan. The Resident Assessment Coordinator is responsible for ensuring that the Interdisciplinary Team conducts timely and appropriate resident assessments and reviews according to the following requirements: Omnibus Budget Reconciliation Act (OBRA) required assessments -conducted for all residents in the facility. Quarterly Assessment -conducted not less frequently than three months following the most recent OBRA assessment of any type.</p>	F 641	<p>IQIES on and accepted. Resident #109 was not negatively affected by the data entry error. No other residents were affected or identified.</p> <p>Other residents having the potential to be affected were identified by: In order to identify any potential residents affected by MDS data entry errors an audit was conducted by the Administrator during , on discharge MDSs for those residents discharged return and return not</p> <p>The measures of systematic changes made include: MDS Coordinator (Staff B) was reinserviced on , and the additional MDS Coordinator was reinserviced on , regarding the accuracy of MDS coding especially related to discharge residents. In addition, the in-service also reviewed the EMR system and location of information available to assist in accuracy of coding. The Administrator will conduct random audits weekly for 1 month, then monthly for 2 months.</p> <p>The corrective actions put in place include: The Administrator or designee will monitor overall compliance of the MDS accuracy of discharge assessments. Any findings identified will be corrected and reported to the Director of Nursing and QAPI/QAA Committee until substantial compliance is achieved and maintained. The Director of</p>		

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F 641	Continued From page 2	F 641	Nursing or designee will monitor ongoing compliance through random audits.	
F 791 SS=D	<p>Routine/Emergency Dental Srvcs in NFs CFR(s): 483.55(b)(1)-(5)</p> <p>§483.55 Dental Services The facility must assist residents in obtaining routine and 24-hour emergency dental care.</p> <p>§483.55(b) Nursing Facilities. The facility-</p> <p>§483.55(b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(f) of this part, the following dental services to meet the needs of each resident: (i) Routine dental services (to the extent covered under the State plan); and (ii) Emergency dental services;</p> <p>§483.55(b)(2) Must, if necessary or if requested, assist the resident- (i) In making . . . ; and (ii) By arranging for transportation to and from the dental services locations;</p> <p>§483.55(b)(3) Must promptly, within 3 days, refer residents with lost or damaged for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay;</p> <p>§483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of is the facility's responsibility and may not</p>	F 791		

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F 791	<p>Continued From page 3</p> <p>charge a resident for the loss or damage of determined in accordance with facility policy to be the facility's responsibility; and</p> <p>§483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to assist in obtaining oral surgery dental services for one (Resident #26) out of one Medicare pay resident reviewed for dental services. There were 105 residents residing in the facility at the time of the survey.</p> <p>The findings included:</p> <p>Record review of the Dental Services Policy and Procedure revised documented: Policy-It is the policy of this facility to assist residents in obtaining routine and emergency dental care; Policy Explanation and Compliance Guidelines-1) The dental needs of each resident are identified through the physical assessment and MDS (Minimum Data Service) assessment processes and are addressed in each resident's plan of care and 4) The facility will, if necessary or requested, assist the resident with making dental and arranging transportation to and from the dental services location.</p> <p>Observation and interview with Resident number 26 on at 9:45 AM revealed the resident sitting up in bed, watching television with missing top and bottom . The resident revealed she couldn't remember the last time she saw a dentist and wanted to see a dentist.</p>	F 791	<p>The corrective action accomplished for those residents affected include:</p> <p>Resident # 26 was reviewed and discussed with the residents dentist on . was made on . for a secondary dental for . and resident # 26 was seen by the dentist on . Additional referral received on . and additional dental schedule at Nova Dental for .</p> <p>Other residents having the potential to be affected were identified by:</p> <p>An audit was conducted by the Director of Social Services on . to identify if any other residents had missed their out-of-facility dental . No other residents were identified as missing dental services by the audit.</p> <p>The measures of systematic changes made include:</p> <p>The Social Service Department reviewed the policy and procedure on Dental Services on . Nursing Staff were reinserviced on . and . regarding .</p>		

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F 791	<p>Continued From page 4</p> <p>Review of the Demographic Sheet for Resident number 26 documented the resident was initially admitted on _____ with a diagnosis of _____, hypertensive and _____.</p> <p>Review of the Minimum Data Service (MDS) Quarterly Assessment dated _____ for Resident number 26 documented the resident's Mental Status () Summary Score was 13, indicating no _____ and able to make her needs known and she required _____ substantial/maximal to dependent assistance for ADLs (activities daily living) and setup assistance for eating.</p> <p>Review of the Physician's Order Sheets (POS) dated _____ and _____ for Resident number 26 documented the resident was on a Consistent _____, No Added Salt, Regular diet and dental care consultation as needed.</p> <p>Review of the care plans for Resident number 26 revealed no dental care plan was available.</p> <p>Review of the dental consults for Resident number 26 documented the following: Dated _____ -Periodontal Exam; No _____ have been completed recently #20 _____ fx () at _____ line. Refer to [] nurse for referral to community oral surgeon to extract #20 _____; dated _____ -Periodontal Exam; Refer patient to oral surgeon for offending _____ lower left & lower right and dated _____ -Periodontal Exam.</p> <p>Review of the Nurses' Progress Notes for Resident number 26 documented the following:</p>	F 791	<p>scheduling and follow-ups.</p> <p>The corrective actions put in place include: The Director of Social Services or designee will perform random audits on a monthly basis for dental visits, recommendations and compliance in follow-up _____ and attendance. The Director of Nursing or designee will monitor ongoing compliance through random observations and chart reviews of nursing documentation and physician orders regarding dental updates. Findings will be reported to the QAPI Committee quarterly over the next six months with any necessary additional in-services.</p>	

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F 791	Continued From page 5 Dated at 02:48 pm-Receive final dental report dated from [] dentist impression: Resident to follow up with removal of left lower right via oral surgeon. Spoke with nurse practitioner. Practitioner verbalized she will follow up with listed surgeons. Dated at 06:59 pm-Residential dental coverage providers. Was able to reserve an . . . at 11 AM. Resident is agreeable with plan of care. Dated at 05:21 pm-Call placed to [] non-emergency medical transportation and informed [] representative that resident has new . . . scheduled at 11AM with oral surgeon. [] representative stated she is unable to schedule transportation with wheelchair for the resident at this time, but she will call in the morning to set up transportation services for resident. Dated at 04:59 pm-Call placed to [] non-emergency medical transportation and spoke with [] representative. [] representative informed nurse that their company is unable to provide transportation for resident . . . on due to [] insurance provider not reimbursing their company for services. Nurse to reschedule transportation with another provider. -Dated at 02:28 pm-Received call from medical doctor's office spoke from office manager. I was informed that the resident approval for initial consultation with oral surgeon has not been provided by dental insurance at this time. Office manager and myself agree to continue to reach out to provider and reschedule consultation . . . All identifying resident information has been reviewed with office manager. [] Resident number 26 made aware of the same and is agreeable with plan. She denies any complaint of . . . Resident did verbalize she would like	F 791		

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F 791	<p>Continued From page 6</p> <p>the crack fixed. All transmissions were faxed to oral surgeons office. Will keep resident informed. Dated on at 07:01 pm-Reached out to [] health care insurance. Spoke with advocate []. List of oral surgeons available under resident dental plan under [] health care insurance made available to writer. Will follow-up next business day.</p> <p>On at 10:01 AM, interview and record review with Staff A, Registered Nurse. She confirmed that the progress notes concerning the oral surgery dental written on , and were written by her. She stated, "I vaguely remember this situation. I will have to discuss with the case manager about the situation." Subsequent interview on at 11:21 AM she confirmed that no further arrangements were made for Resident number 26 to have oral surgery as recommended by the dentist.</p> <p>On at 10:17 AM with the Director of Social Services. She stated, "I started working here on . The Social Worker will make .. for dental for in-house. If the resident is going out, someone else makes the arrangements. Subsequent interview on at 11:02 AM. She stated, " We reviewed the notes and I asked what happened with the oral surgery dental .. . I asked the nurse was there an .. made for the and the answer was no. I am going to arrange an .. for .."</p> <p>On at 12:17 PM with Staff B, MDS (Minimum Data Service) Coordinator. She stated, "There is no dental care plan for the resident.</p>	F 791			

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N 000	<p>INITIAL COMMENTS</p> <p>An unannounced State Licensure survey were conducted at Hampton Court Nursing and Rehabilitation Center on _____ to _____ Deficiencies were identified at the time of survey.</p> <p>The following is a description of the non-compliance:</p>	N 000		
N 071 SS=D	<p>59A-4.109(1), FAC Components of Care Plan</p> <p>(1) Each resident admitted to the nursing home facility must have a plan of care. The plan of care must consist of:</p> <p>(a) Physician's orders, diagnosis, medical history, physical exam and rehabilitative or restorative potential.</p> <p>(b) A preliminary nursing evaluation with physician's orders for immediate care, completed upon admission.</p> <p>(c) A complete, comprehensive, accurate and reproducible assessment of each resident's functional capacity which is standardized in the facility, and is completed within 14 days of the resident's admission to the facility and every twelve months, thereafter. The assessment must be:</p> <ol style="list-style-type: none"> 1. Reviewed no less than once every 3 months; 2. Reviewed promptly after a significant change, which is a need to stop a form of treatment because of adverse consequences (e.g., an adverse drug reaction), or commence a new form of treatment to deal with a problem, in the resident's physical or mental condition; and, 3. Revised as appropriate to assure the continued accuracy of the assessment. <p>This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to accurately code the</p>	N 071	The Plan of Correction (POC) is submitted as required under federal and state	

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N 071	<p>Continued From page 1</p> <p>Minimum Data Set (MDS) for one (Resident #109) out of three residents whose assessments that were reviewed, as evidenced by Resident 109 was discharged home but the discharge assessment indicated the resident was discharged to an acute hospital.</p> <p>The findings included</p> <p>Review of the medical records for Resident #109 revealed the resident was admitted to the facility on . Medical diagnoses included but not limited to: of part unspecified, with and without</p> <p>Record review of Resident #109's MDS dated indicate in Section C for</p> <p>Patterns documented a () Score of 15 out of 15 indicating the residents is</p> <p>Review of Resident # 109's Minimum Data Set (MDS) dated the Discharge Status coded the resident was discharged to Short-Term General Hospital (acute hospital) on</p> <p>Record review of Resident #109's Care Plans revealed the Resident can be safely discharged upon completion of the rehabilitation program as planned to home.</p> <p>Interview on at 12:55 PM, Staff B, MDS Coordinator, revealed she was initially informed that Resident # 109 had been discharged to her home. Upon reviewing the records, the miscode was identified.</p> <p>Review of the facility policy and procedure revised , regarding resident assessments stated residents are assessed,</p>	N 071	<p>regulations and statutes applicable to long term care providers. This POC does not constitute an admission of liability on the part of the facility and such liability is hereby specifically denied. The submission of this plan does not constitute agreement by the facility that the surveyors findings or conclusions are accurate, that the findings constitute a deficiency or that the scope or severity regarding any of these deficiencies cited are correctly applied.</p> <p>The corrective action accomplished for those residents identified: On Resident #109 Discharge -return not MDS dated was modified and uploaded to IQIES on and accepted. Resident #109 was not negatively affected by the data entry error. No other residents were affected or identified.</p> <p>Other residents having the potential to be affected were identified by: In order to identify any potential residents affected by MDS data entry errors an audit was conducted by the Administrator during on discharge MDSs for those residents discharged return and return not</p> <p>The measures of systematic changes made include: MDS Coordinator (Staff B) was reinserviced on , and the additional MDS Coordinator was reinserviced on , regarding the accuracy of MDS coding especially</p>	
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N 071	Continued From page 2 using a comprehensive assessment process, in order to identify care needs and to develop an interdisciplinary care plan. The Resident Assessment Coordinator is responsible for ensuring that the Interdisciplinary Team conducts timely and appropriate resident assessments and reviews according to the following requirements: Omnibus Budget Reconciliation Act (OBRA) required assessments -conducted for all residents in the facility. Quarterly Assessment -conducted not less frequently than three months following the most recent OBRA assessment of any type. Class III	N 071	related to discharge residents. In addition, the in-service also reviewed the EMR system and location of information available to assist in accuracy of coding. The Administrator will conduct random audits weekly for 1 month, then monthly for 2 months. The corrective actions put in place include: The Administrator or designee will monitor overall compliance of the MDS accuracy of discharge assessments. Any findings identified will be corrected and reported to the Director of Nursing and QAPI/QAA Committee until substantial compliance is achieved and maintained. The Director of Nursing or designee will monitor ongoing compliance through random audits.	
N 402 SS=D	400.141(1)(e), FS Provide Resident Access to Services Every licensed facility shall comply with all applicable standards and rules of the agency and shall: (e) Provide for the access of the facility residents to dental and other health-related services, recreational services, rehabilitative services, and social work services appropriate to their needs and conditions and not directly furnished by the licensee. When a _ outpatient nurse clinic is conducted in accordance with rules adopted by the agency, outpatients attending such clinic shall not be counted as part of the general resident population of the nursing home facility, nor shall the nursing staff of the _ outpatient clinic be counted as part of the nursing staff of the facility, until the outpatient clinic load exceeds 15	N 402		

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N 402	<p>Continued From page 3</p> <p>a day.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide access to oral surgery dental services for one (Resident #26) out of one Medicare pay resident reviewed for dental services. There were 105 residents residing in the facility at the time of the survey.</p> <p>The findings included:</p> <p>Record review of the Dental Services Policy and Procedure revised documented: Policy-It is the policy of this facility to assist residents in obtaining routine and emergency dental care; Policy Explanation and Compliance Guidelines-1) The dental needs of each resident are identified through the physical assessment and MDS (Minimum Data Service) assessment processes and are addressed in each resident's plan of care and 4) The facility will, if necessary or requested, assist the resident with making dental and arranging transportation to and from the dental services location.</p> <p>Observation and interview with Resident number 26 on at 9:45 AM revealed the resident sitting up in bed, watching television with missing top and bottom . The resident revealed that she couldn't remember the last time she saw a dentist and wanted to see a dentist.</p> <p>Review of the Demographic Sheet for Resident number 26 documented the resident was initially admitted on with a diagnosis of , hypertensive and .</p>	N 402	<p>The corrective action accomplished for those residents affected include: Resident # 26 was reviewed and discussed with the residents dentist on . was made on , for a secondary dental for , and resident # 26 was seen by the dentist on . Additional referral received on , and additional dental schedule at Nova Dental for .</p> <p>Other residents having the potential to be affected were identified by: An audit was conducted by the Director of Social Services on , to identify if any other residents had missed their out-of-facility dental . No other residents were identified as missing dental services by the audit.</p> <p>The measures of systematic changes made include: The Social Service Department reviewed the policy and procedure on Dental Services on . Nursing Staff were reinserviced on , and , regarding , and scheduling and follow-ups.</p> <p>The corrective actions put in place include: The Director of Social Services or designee will perform random audits on a monthly basis for dental visits, recommendations and compliance in follow-up and attendance.</p>	
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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 111352	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2025
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NAME OF PROVIDER OR SUPPLIER HAMPTON COURT NURSING AND REHABILITATION C	STREET ADDRESS, CITY, STATE, ZIP CODE 16100 NW 2ND AVENUE NORTH MIAMI BEACH, FL 33169
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N 402	<p>Continued From page 4</p> <p>Review of the Minimum Data Service (MDS) Quarterly Assessment dated for Resident number 26 documented the resident's Mental Status () Summary Score was 13, indicating no and able to make her needs known and she required substantial/maximal to dependent assistance for (activities daily living) and setup assistance for eating.</p> <p>Review of the Physician's Order Sheets (POS) dated and for Resident number 26 documented the resident was on a Consistent , No Added Salt, Regular diet and dental care consultation as needed.</p> <p>Review of the care plans for Resident number 26 revealed no dental care plan was available.</p> <p>Review of the dental consults for Resident number 26 documented the following: Dated -Periodontal Exam; No have been completed recently #20 fx () at line. Refer to [] nurse for referral to community oral surgeon to extract #20 ; Dated -Periodontal Exam; Refer patient to oral surgeon for offending lower left & lower right and Dated -Periodontal Exam.</p> <p>Review of the Nurses' Progress Notes for Resident number 26 documented the following: Dated at 02:48 pm-Receive final dental report dated from [] dentist impression: Resident to follow up with removal of left lower right via oral surgeon. Spoke with nurse practitioner. Practitioner verbalized she will follow up with listed surgeons. Dated at 06:59 pm-Residential dental coverage providers. Was able to reserve an , , with [] dental provider office date at 11</p>	N 402	<p>The Director of Nursing or designee will monitor ongoing compliance through random observations and chart reviews of nursing documentation and physician orders regarding dental updates. Findings will be reported to the QAPI Committee quarterly over the next six months with any necessary additional in-services.</p>	
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Agency for Health Care Administration

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N 402	<p>Continued From page 5</p> <p>AM. Resident is agreeable with plan of care. Dated at 05:21 pm-Call placed to [] non-emergency medical transportation and informed [] representative that resident has new . . . scheduled at 11AM with oral surgeon. [] representative stated she is unable to schedule transportation with wheelchair for the resident at this time, but she will call in the morning to set up transportation services for resident. Dated at 04:59 pm-Call placed to [] non-emergency medical transportation and spoke with [] representative. [] representative informed nurse that their company is unable to provide transportation for resident . . . on due to [] insurance provider not reimbursing their company for services. Nurse to reschedule transportation with another provider. Dated at 02:28 pm-Received call from medical doctor's office spoke from office manager. I was informed that the resident approval for initial consultation with oral surgeon has not been provided by dental insurance at this time. Office manager and myself agree to continue to reach out to provider and reschedule consultation . . . All identifying resident information has been reviewed with office manager. [] Resident number 26 made aware of the same and is agreeable with plan. She denies any complaint of . . . Resident did verbalize she would like the crack fixed. All transmissions were faxed to oral surgeons office. Will keep resident informed. Dated on at 07:01 pm-Reached out to [] health care insurance. Spoke with advocate []. List of oral surgeons available under resident dental plan under [] health care insurance made available to writer. Will follow-up next business day.</p> <p>On at 10:01 AM, interview and record</p>	N 402		
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Agency for Health Care Administration

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N 402	<p>Continued From page 6</p> <p>review with Staff A, Registered Nurse. She confirmed that the progress notes concerning the oral surgery dental written on _____ and _____ were written by her. She stated, "I vaguely remember this situation. I will have to discuss with the case manager about the situation." Subsequent interview on _____ at 11:21 AM she confirmed that no further arrangements were made for Resident number 26 to have oral surgery as recommended by the dentist.</p> <p>On _____ at 10:17 AM with the Director of Social Services. She stated, "I started working here on _____. The Social Worker will make _____ for dental for in-house. If the resident is going out, someone else makes the arrangements. Subsequent interview on _____ at 11:02 AM. She stated, " We reviewed the notes and I asked what happened with the oral surgery dental _____. I asked the nurse was there an _____ made for the _____ and the answer was no. I am going to arrange an _____ for _____."</p> <p>On _____ at 12:17 PM with Staff B, MDS (Minimum Data Service) Coordinator. She stated, "There is no dental care plan for the resident.</p> <p>Class III</p>	N 402		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/29/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105715	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/03/2025
NAME OF PROVIDER OR SUPPLIER HAMPTON COURT NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 16100 NW 2ND AVENUE NORTH MIAMI BEACH, FL 33169		
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F 000	INITIAL COMMENTS An unannounced recertification survey was conducted to at Hampton Court Nursing and Rehabilitation Center. The facility was not in compliance with 42 CFR 483, Requirements for Long Term Care Facilities. The following is a description of the non-compliance:	F 000			
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to accurately code the Minimum Data Set (MDS) for one (Resident #109) out of three residents whose assessments that were reviewed, as evidenced by Resident 109 was discharged home but the discharge assessment indicated the resident was discharged to an acute hospital. The findings included Review of the medical records for Resident #109 revealed the resident was admitted to the facility on . Medical diagnoses included but not limited to: of , part unspecified, with , and without	F 641			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

/2025

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.

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F 641	<p>Continued From page 1</p> <p>Record review of Resident #109's MDS dated indicate in Section C for Patterns documented a () Score of 15 out of 15 indicating the residents is</p> <p>Review of Resident # 109's Minimum Data Set (MDS) dated the Discharge Status coded the resident was discharged to Short-Term General Hospital (acute hospital) on Record review of Resident #109's Care Plans revealed the Resident can be safely discharged upon completion of the rehabilitation program as planned to home.</p> <p>Interview on at 12:55 PM, Staff B, MDS Coordinator, revealed she was initially informed that Resident # 109 had been discharged to her home. Upon reviewing the records, the miscode was identified.</p> <p>Review of the facility policy and procedure revised , regarding resident assessments stated residents are assessed, using a comprehensive assessment process, in order to identify care needs and to develop an interdisciplinary care plan. The Resident Assessment Coordinator is responsible for ensuring that the Interdisciplinary Team conducts timely and appropriate resident assessments and reviews according to the following requirements: Omnibus Budget Reconciliation Act (OBRA) required assessments -conducted for all residents in the facility. Quarterly Assessment -conducted not less frequently than three months following the most recent OBRA assessment of any type.</p> <p>Routine/Emergency Dental Srvc's in NFS</p>	F 641			
F 791 SS=D		F 791			

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F 791	<p>Continued From page 2</p> <p>CFR(s): 483.55(b)(1)-(5)</p> <p>§483.55 Dental Services The facility must assist residents in obtaining routine and 24-hour emergency dental care.</p> <p>§483.55(b) Nursing Facilities. The facility-</p> <p>§483.55(b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(f) of this part, the following dental services to meet the needs of each resident: (i) Routine dental services (to the extent covered under the State plan); and (ii) Emergency dental services;</p> <p>§483.55(b)(2) Must, if necessary or if requested, assist the resident- (i) In making . . . ; and (ii) By arranging for transportation to and from the dental services locations;</p> <p>§483.55(b)(3) Must promptly, within 3 days, refer residents with lost or damaged for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay;</p> <p>§483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of is the facility's responsibility and may not charge a resident for the loss or damage of determined in accordance with facility policy to be the facility's responsibility; and</p>	F 791		

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F 791	<p>Continued From page 3</p> <p>§483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to assist in obtaining oral surgery dental services for one (Resident #26) out of one Medicare pay resident reviewed for dental services. There were 105 residents residing in the facility at the time of the survey.</p> <p>The findings included:</p> <p>Record review of the Dental Services Policy and Procedure revised documented: Policy-It is the policy of this facility to assist residents in obtaining routine and emergency dental care; Policy Explanation and Compliance Guidelines-1) The dental needs of each resident are identified through the physical assessment and MDS (Minimum Data Service) assessment processes and are addressed in each resident's plan of care and 4) The facility will, if necessary or requested, assist the resident with making dental . . . and arranging transportation to and from the dental services location.</p> <p>Observation and interview with Resident number 26 on at 9:45 AM revealed the resident sitting up in bed, watching television with missing top and bottom . The resident revealed she couldn't remember the last time she saw a dentist and wanted to see a dentist.</p> <p>Review of the Demographic Sheet for Resident number 26 documented the resident</p>	F 791		

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F 791	<p>Continued From page 4</p> <p>was initially admitted on _____ with a diagnosis of _____, hypertensive and _____.</p> <p>Review of the Minimum Data Service (MDS) Quarterly Assessment dated _____ for Resident number 26 documented the resident's Mental Status () Summary Score was 13, indicating no _____ and able to make her needs known and she required substantial/maximal to dependent assistance for ADLs (activities daily living) and setup assistance for eating.</p> <p>Review of the Physician's Order Sheets (POS) dated _____ and _____ for Resident number 26 documented the resident was on a Consistent _____, No Added Salt, Regular diet and dental care consultation as needed.</p> <p>Review of the care plans for Resident number 26 revealed no dental care plan was available.</p> <p>Review of the dental consults for Resident number 26 documented the following: Dated _____ -Periodontal Exam; No _____ have been completed recently #20 fx () at _____ line. Refer to [] nurse for referral to community oral surgeon to extract #20 _____; dated _____ -Periodontal Exam; Refer patient to oral surgeon for offending _____ lower left & lower right and dated _____ -Periodontal Exam.</p> <p>Review of the Nurses' Progress Notes for Resident number 26 documented the following: Dated _____ at 02:48 pm-Receive final dental report dated _____ from [] dentist impression: Resident to follow up with removal of</p>	F 791			

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F 791	Continued From page 5 left lower right via oral surgeon. Spoke with nurse practitioner. Practitioner verbalized she will follow up with listed surgeons. Dated at 06:59 pm-Residential dental coverage providers. Was able to reserve an appointment with [] dental provider office date at 11 AM. Resident is agreeable with plan of care. Dated at 05:21 pm-Call placed to [] non-emergency medical transportation and informed [] representative that resident has new appointment scheduled at 11AM with oral surgeon. [] representative stated she is unable to schedule transportation with wheelchair for the resident at this time, but she will call in the morning to set up transportation services for resident. Dated at 04:59 pm-Call placed to [] non-emergency medical transportation and spoke with [] representative. [] representative informed nurse that their company is unable to provide transportation for resident on due to [] insurance provider not reimbursing their company for services. Nurse to reschedule transportation with another provider. -Dated at 02:28 pm-Received call from medical doctor's office spoke from office manager. I was informed that the resident approval for initial consultation with oral surgeon has not been provided by dental insurance at this time. Office manager and myself agree to continue to reach out to provider and reschedule consultation . All identifying resident information has been reviewed with office manager. [] Resident number 26 made aware of the same and is agreeable with plan. She denies any complaint of . Resident did verbalize she would like the crack fixed. All transmissions were faxed to oral surgeons office. Will keep resident informed. Dated on at 07:01	F 791		

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F 791	<p>Continued From page 6</p> <p>pm-Reached out to [] health care insurance. Spoke with advocate []. List of oral surgeons available under resident dental plan under [] health care insurance made available to writer. Will follow-up next business day.</p> <p>On at 10:01 AM, interview and record review with Staff A, Registered Nurse. She confirmed that the progress notes concerning the oral surgery dental written on , and were written by her. She stated, "I vaguely remember this situation. I will have to discuss with the case manager about the situation." Subsequent interview on at 11:21 AM she confirmed that no further arrangements were made for Resident number 26 to have oral surgery as recommended by the dentist.</p> <p>On at 10:17 AM with the Director of Social Services. She stated, "I started working here on . The Social Worker will make .. for dental for in-house. If the resident is going out, someone else makes the arrangements. Subsequent interview on at 11:02 AM. She stated, " We reviewed the notes and I asked what happened with the oral surgery dental .. I asked the nurse was there an .. made for the and the answer was no. I am going to arrange an .. for .."</p> <p>On at 12:17 PM with Staff B, MDS (Minimum Data Service) Coordinator. She stated, "There is no dental care plan for the resident.</p>	F 791			

Agency for Health Care Administration

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N 000	<p>INITIAL COMMENTS</p> <p>An unannounced State Licensure survey were conducted at Hampton Court Nursing and Rehabilitation Center on _____ to _____ . Deficiencies were identified at the time of survey.</p> <p>The following is a description of the non-compliance:</p>	N 000		
N 071 SS=D	<p>59A-4.109(1), FAC Components of Care Plan</p> <p>(1) Each resident admitted to the nursing home facility must have a plan of care. The plan of care must consist of:</p> <p>(a) Physician's orders, diagnosis, medical history, physical exam and rehabilitative or restorative potential.</p> <p>(b) A preliminary nursing evaluation with physician's orders for immediate care, completed upon admission.</p> <p>(c) A complete, comprehensive, accurate and reproducible assessment of each resident's functional capacity which is standardized in the facility, and is completed within 14 days of the resident's admission to the facility and every twelve months, thereafter. The assessment must be:</p> <ol style="list-style-type: none"> 1. Reviewed no less than once every 3 months; 2. Reviewed promptly after a significant change, which is a need to stop a form of treatment because of adverse consequences (e.g., an adverse drug reaction), or commence a new form of treatment to deal with a problem, in the resident's physical or mental condition; and, 3. Revised as appropriate to assure the continued accuracy of the assessment. <p>This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to accurately code the</p>	N 071		

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X8) DATE /25
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NAME OF PROVIDER OR SUPPLIER HAMPTON COURT NURSING AND REHABILITATION C	STREET ADDRESS, CITY, STATE, ZIP CODE 16100 NW 2ND AVENUE NORTH MIAMI BEACH, FL 33169
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N 071	<p>Continued From page 1</p> <p>Minimum Data Set (MDS) for one (Resident #109) out of three residents whose assessments that were reviewed, as evidenced by Resident 109 was discharged home but the discharge assessment indicated the resident was discharged to an acute hospital.</p> <p>The findings included</p> <p>Review of the medical records for Resident #109 revealed the resident was admitted to the facility on . Medical diagnoses included but not limited to: of , part unspecified, with , and without</p> <p>Record review of Resident #109's MDS dated indicate in Section C for</p> <p>Patterns documented a () Score of 15 out of 15 indicating the residents is</p> <p>Review of Resident # 109's Minimum Data Set (MDS) dated the Discharge Status coded the resident was discharged to Short-Term General Hospital (acute hospital) on</p> <p>Record review of Resident #109's Care Plans revealed the Resident can be safely discharged upon completion of the rehabilitation program as planned to home.</p> <p>Interview on at 12:55 PM, Staff B, MDS Coordinator, revealed she was initially informed that Resident # 109 had been discharged to her home. Upon reviewing the records, the miscode was identified.</p> <p>Review of the facility policy and procedure revised , regarding resident assessments stated residents are assessed,</p>	N 071		

Agency for Health Care Administration

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N 071	Continued From page 2 using a comprehensive assessment process, in order to identify care needs and to develop an interdisciplinary care plan. The Resident Assessment Coordinator is responsible for ensuring that the Interdisciplinary Team conducts timely and appropriate resident assessments and reviews according to the following requirements: Omnibus Budget Reconciliation Act (OBRA) required assessments -conducted for all residents in the facility. Quarterly Assessment -conducted not less frequently than three months following the most recent OBRA assessment of any type. Class III	N 071		
N 402 SS=D	400.141(1)(e), FS Provide Resident Access to Services Every licensed facility shall comply with all applicable standards and rules of the agency and shall: (e) Provide for the access of the facility residents to dental and other health-related services, recreational services, rehabilitative services, and social work services appropriate to their needs and conditions and not directly furnished by the licensee. When a _ outpatient nurse clinic is conducted in accordance with rules adopted by the agency, outpatients attending such clinic shall not be counted as part of the general resident population of the nursing home facility, nor shall the nursing staff of the _ outpatient clinic be counted as part of the nursing staff of the facility, until the outpatient clinic load exceeds 15 a day. This Statute or Rule is not met as evidenced by:	N 402		

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N 402	<p>Continued From page 3</p> <p>Based on observation, record review and interview, the facility failed to provide access to oral surgery dental services for one (Resident #26) out of one Medicare pay resident reviewed for dental services. There were 105 residents residing in the facility at the time of the survey.</p> <p>The findings included:</p> <p>Record review of the Dental Services Policy and Procedure revised _____ documented: Policy-It is the policy of this facility to assist residents in obtaining routine and emergency dental care; Policy Explanation and Compliance Guidelines-1) The dental needs of each resident are identified through the physical assessment and MDS (Minimum Data Service) assessment processes and are addressed in each resident's plan of care and 4) The facility will, if necessary or requested, assist the resident with making dental _____ and arranging transportation to and from the dental services location.</p> <p>Observation and interview with Resident number 26 on _____ at 9:45 AM revealed the resident sitting up in bed, watching television with missing top and bottom _____. The resident revealed that she couldn't remember the last time she saw a dentist and wanted to see a dentist.</p> <p>Review of the Demographic _____ Sheet for Resident number 26 documented the resident was initially admitted on _____ with a diagnosis of _____, hypertensive _____ and _____.</p> <p>Review of the Minimum Data Service (MDS) Quarterly Assessment dated _____ for Resident number 26 documented the resident's Mental</p>	N 402		
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N 402	<p>Continued From page 4</p> <p>Status () Summary Score was 13, indicating no _____ and able to make her needs known and she required substantial/maximal to dependent assistance for adls (activities daily living) and setup assistance for eating.</p> <p>Review of the Physician's Order Sheets (POS) dated _____ and _____ for Resident number 26 documented the resident was on a Consistent _____, No Added Salt, Regular diet and dental care consultation as needed.</p> <p>Review of the care plans for Resident number 26 revealed no dental care plan was available.</p> <p>Review of the dental consults for Resident number 26 documented the following: Dated _____ -Periodontal Exam; No _____ have been completed recently #20 fx () at _____ line. Refer to [] nurse for referral to community oral surgeon to extract #20 _____; Dated _____ -Periodontal Exam; Refer patient to oral surgeon for offending _____ lower left & lower right and Dated _____ -Periodontal Exam.</p> <p>Review of the Nurses' Progress Notes for Resident number 26 documented the following: Dated _____ at 02:48 pm-Receive final dental report dated _____ from [] dentist impression: Resident to follow up with removal of left lower right _____ via oral surgeon. Spoke with nurse practitioner. Practitioner verbalized she will follow up with listed surgeons. Dated _____ at 06:59 pm-Residential dental coverage providers. Was able to reserve an _____ with [] dental provider office date _____ at 11 AM. Resident is agreeable with plan of care. Dated _____ at 05:21 pm-Call placed to [] non-emergency medical transportation and</p>	N 402		

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N 402	Continued From page 5 informed [] representative that resident has new . . . scheduled at 11AM with oral surgeon. [] representative stated she is unable to schedule transportation with wheelchair for the resident at this time, but she will call in the morning to set up transportation services for resident. Dated at 04:59 pm-Call placed to [] non-emergency medical transportation and spoke with [] representative. [] representative informed nurse that their company is unable to provide transportation for resident . . . on due to [] insurance provider not reimbursing their company for services. Nurse to reschedule transportation with another provider. Dated at 02:28 pm-Received call from medical doctor's office spoke from office manager. I was informed that the resident approval for initial consultation with oral surgeon has not been provided by dental insurance at this time. Office manager and myself agree to continue to reach out to provider and reschedule consultation . . . All identifying resident information has been reviewed with office manager. [] Resident number 26 made aware of the same and is agreeable with plan. She denies any complaint of . . . Resident did verbalize she would like the crack fixed. All transmissions were faxed to oral surgeons office. Will keep resident informed. Dated on at 07:01 pm-Reached out to [] health care insurance. Spoke with advocate []. List of oral surgeons available under resident dental plan under [] health care insurance made available to writer. Will follow-up next business day. On at 10:01 AM, interview and record review with Staff A, Registered Nurse. She confirmed that the progress notes concerning the oral surgery dental written on	N 402		

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N 402	<p>Continued From page 6</p> <p>and _____ were written by her. She stated, "I vaguely remember this situation. I will have to discuss with the case manager about the situation." Subsequent interview on _____ at 11:21 AM she confirmed that no further arrangements were made for Resident number 26 to have oral surgery as recommended by the dentist.</p> <p>On _____ at 10:17 AM with the Director of Social Services. She stated, "I started working here on _____. The Social Worker will make _____ for dental for in-house. If the resident is going out, someone else makes the arrangements. Subsequent interview on _____ at 11:02 AM. She stated, " We reviewed the notes and I asked what happened with the oral surgery dental _____. I asked the nurse was there an _____ made for the _____ and the answer was no. I am going to arrange an _____ for _____."</p> <p>On _____ at 12:17 PM with Staff B, MDS (Minimum Data Service) Coordinator. She stated, "There is no dental care plan for the resident.</p> <p>Class III</p>	N 402		
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