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
	AL11968609	A. BUILDING: _____ B. WING _____	03/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHLEY MANOR INC	3815 NW 10TH STREET DELRAY BEACH, FL 33445

(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 An unannounced Relicensure and Generator Monitoring survey was conducted on at Ashley Manor Inc. The facility had deficiencies related to the Relicensure at the time of the survey.	A 000		
A 054	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the	A 054		

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A 054	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on observation, records, and interview, Staff A, a Home Health Aide failed to sign the medication observation record (MOR) while assisting 2 of 4 sampled residents (Residents#1 & Resident #3) with self-administration of medications and failed to follow the protocol of assisting residents with self-administration of medications. The findings included: On at 9:00 AM, after arriving at the facility, it was observed that one of the Aides (Staff A) a Home Health Aide, immediately rushed to sign the MOR. Staff A was observed trying to sign the MOR, as fast as possible. Subsequent to that observation, the Surveyor asked Staff A whether she had already given all the residents their medications. Staff A replied yes, she did at 8:00 AM. The Surveyor then asked Staff A, why was the MOR not signed when the medications were given to the residents. Staff A stated that she forgot. Review of the MOR revealed Staff A did not sign the MORs of Resident #1 and Resident #3 and did not use the MOR while performing the task of assisting residents with self-administration of medicaitons. An interview with Resident #1 on at 10:03 AM could not reveal whether Resident #1 had received her medications, due to Resident #1's . Resident #1 health assessment (AHCA form 1823) documented she needed assistance with self-administration of medications. Resident #3's health assessment record dated	A 054		

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A 054	Continued From page 2 also revealed that she needed assistance with self-administration of medicaitons. Resident #3 could not say whether she received all her medicaitons due to and diagnosis of . The Surveyor discussed the findings with the Administrator on at 10:30 AM and at 2:00 PM during the exit meeting. No additional information was provided. Class III	A 054		
A 056	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the	A 056		

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A 056	Continued From page 3 circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be	A 056		

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A 056	Continued From page 4 kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on records review, and interview, the facility failed to obtain a physician order before administering medications to 1 of 4 sampled Residents (Resident #3) who required assistance with self-administration of medications. The findings included: On at 9:00 AM, the Surveyor observed Staff A hastily signing the medication observation record (MOR). An inquiry with Staff A thereafter revealed she had already given all the residents their medications at 8:00 AM, that day, but Staff A failed to sign the MOR.The Surveyor asked Staff A how many pills were given to Resident #3. Staff A stated she gave Resident #3 five medications.	A 056		

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A 056	Continued From page 5 Review of Resident #3's medication package, kept together in a bin, showed there were four bubble packs of medications. After reviewing the MOR the Surveyor found that Resident #1 had five medications scheduled for morning, but one was on hold. Staff A quickly interjected and said that Resident #1 received all her medications, Staff B gave a treatment to Resident #3. However, upon reviewing the MOR, there was no order found for that medication. An interview with Resident #3 on at 10:03 AM did not reveal whether or not Resident #3 received the medications, due to Resident #3's . Resident #3 health assessment (AHCA form 1823) documented she needed assistance with self-administration of medications. An interview with Staff B, a Home Health Aide (HHA) on at 9:50 AM confirmed that she assisted Resident #3 in taking the treatment. Staff B was asked whether she had an order to do so, Staff B said she did not know, but they usually give the treatment to Resident #3, and she was told to assist Resident #3. An interview with the Administrator on at 9:55 AM revealed that the was brought the the facility by the hospice agency and only the Hospice Nurse was authorized to give Resident #1 the medication, as needed for . The Surveyor discussed the findings with the Administrator during the exit meeting on at 2:00 PM. No additional information was provided.	A 056		

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A 056	Continued From page 6 CLASS III	A 056		