STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965761	08/06/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ashton Palms	36 West Esther Street Orlando, FL 32806	

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

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= B

Specific Tag Findings:
0000-Initial Comments
A complaint inspection CCR #2013004979 was conducted on .

There were deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on record review and interview the facility failed to ensure 1 of 2 discharged residents sampled (Resident #1) was provided written 45 day notice of discharge.

Findings:

08./0€ at 9:45AM Review of Facility Admission Discharge Log revealed that Resident #1 was discharged on . to another facility.

at 10:00AM Resident Record Review for Resident #1 revealed a Facility Health Assessment Form (1823) dated . with diagnosis of enlarge prostrate, poor circulation in lower extremities, R ear 1944. Physician indicated resident can reside in an ALF. The resident requires assistance with self-administration of medication is independent in all ADL's and can ambulate with a walker. Further record review revealed that there is no contract. The facility Administrator instead used a Residential Lease when the resident moved in on 8//7 On page 1 of 3 it is noted month to month and signed on the same line by the administrator and the resident.

Continued review of resident #1's file revealed the following case notes dated :

States other residents are complaining that the resident is accusing them of stealing his mail. Administrator talked to resident and explained that no one is taking any mail. All mail is delivered to residents on a daily basis.
Resident continues to complain that he is not getting his mail. Resident wrote to the President and is expecting a response.
Resident is non-compliant with personal care. Refusing to shower and shave.
Alert and oriented continues to be non-compliant with ADL care.
Resident discharged to another Assisted Living Facility.

at 9:45AM review of the resident ' record revealed that there was no 45 day notice of written discharge given to the resident.

During interview on at 1:00PM with the administrator who stated that she did give written notice of discharge to resident. However, she is unable to locate it. The resident was admitted through DCF/Adult Protective Services. Resident was being evicted for nonpayment of rent. He moved in against his will as he had no other place to go at the time. He was only supposed to stay for a month until he

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965761	08/06/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ashton Palms	36 West Esther Street Orlando, FL 32806	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

could find another place to go. He ended up staying and did well at first and seemed to thrive. The resident started to change in becoming and refusing to take showers. She discussed his discharge with him and did put it in writing, but cannot locate the letter at this time.

Class III

0167-Resident Contracts 58A-5.025(1) FAC
Based on record review and interview the facility failed to complete a Resident Contract with the facility for 1 of 2 sampled residents records reviewed (Resident #1) at the time of admission.

Findings:

at 9:45AM Review of Facility Admission Discharge Log revealed that Resident #1 was admitted on discharged on to another facility.

at 10:00AM resident record review for resident #1 revealed a Facility Health Assessment Form (1823) dated with diagnosis of enlarge prostrate, poor circulation in lower extremities, R ear 1944. Physician indicated resident can reside in an ALF. The resident requires assistance with self-administration of medication; is independent in all ADL's and can ambulate with a walker. Further record Review revealed that there is no contract.

The Administrator stated instead of using the contract she used a Residential Lease when the resident moved in on On page 1 of 3 it is noted month to month and signed on the same line by the Administrator and the resident. The administrator stated the resident moved in against his will because he had nowhere else to go and refused to sign the contract.

Class

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Ashton Palms
36 West Esther Street
Orlando, FL 32806

Dear Administrator:

Re: CCR #2013004969

This letter reports the findings of a state licensure survey that was conducted on . 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013,** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998