STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965761	09/19/2013
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 - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D

Specific Tag Findings:

0000-Initial Comments
Unannounced Assisted Living Facility (ALF) with Extended Congregate Care (ECC) re-licensure survey was conducted. Ashton Palms had deficiencies found during the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations, the facility failed to ensure the unlicensed staff who assisted with self-administration of medications followed the correct procedure for 2 of 9 sampled residents (#1 and 7).

Findings:

Observations of the medication pass at approximately 12 PM noted the unlicensed staff (the administrator/ staff C), assisted 2 residents with self-administration of medications.

She washed her hands, reviewed the Medication Observation Record (MOR), took the medication from locked medication cart, poured 2 pills in a cup, brought the cup to resident, told him "This are your noon meds". She observed the resident take the medications, signed the MOR, and returned the medication to the secure medication cart. The medication was 300 milligram (mg) take 2 tablets my mouth 3 times a day.

She then assisted resident #1 in the same manner. She reviewed the MOR, took the 3 medications from locked med cart, poured 3 pills in a cup, brought the cup to resident, told her "This are your meds, 2 and . She observed the resident take the medications, signed MOR, and returned the medication to the secure medication cart. The medications were 25 mg take half (1/2) tablet twice a day, 5 mg twice a day and Spirolactone 25 mg take half tablet every other day (QOD).

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The staff did not bring the medication on its original dispensed container to the resident, and read the label out loud to the resident.

When told about the observations of the medication pass at approximately 3:30 PM, the administrator did not offer any comment.

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC
Based on observations, staff schedule, personnel record review and interview the facility failed to ensure that at least one staff member who was trained in First Aid and was within the facility at all times when the residents were in the facility.

Findings:

Observations during the entrance and facility tour on at approximately 9:15 AM noted there was one staff and the administrator/owner present at the facility. The administrator stated the facility census was 13 residents.

Review of the facility's staff work schedule revealed that staff A worked 7 AM to 3 PM and staff C worked from 8 AM to 8 PM on (survey date).

At approximately 2:30 PM the administrator and one resident went to the store. Staff A remained to care and supervise for the facility residents, they played Bingo. The administrator returned approximately 30 minutes later.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965761	**09/19/2013**
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)		

Personnel record review for staff A revealed a . . . . certification that expired . . . . . The First Aid was valid until 2014.

The administrator stated after reviewing the personnel record for staff A, that the staff needed to renew her . . . . certification.

Class III

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 #Biennial w/ECC

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

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