STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965336	10/07/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ashford Court Assisted Living	1700 The Greens Way Jacksonville Beach, FL 32250	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0027 - 58a-5.0182(3) Fac - Resident Care - Arrangement For Health Care S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint survey, CCR #2013010284, was conducted at Ashford Court Assisted Living in Jacksonville Beach, Florida on , 2013. Licensure deficiencies were identified as a result of the survey.

0027-Resident Care - Arrangement for Health Care 58A-5.0182(3) FAC
Based on record review, staff interview and healthcae provider interview, the facility failed to ensure that medical services were provided to a resident after being ordered by a physician for 1 of 3 sampled residents. (#1)

The findings include:

A review of Resident #1's record revealed a note dated, . The note was written to indicate that physician ordered labs from were not drawn until .

An interview was conducted with the office manager on at 1:32 PM. The manager confirmed that the order should have been carried out when received. A policy regarding physician orders was requested, but was never received as on plicy had been developed since the change of ownership occurred.

An interview was conducted with the Primary Care Physician's office on at 4:52 PM. A representative with the office explained that medications for the resident were increased and labs were ordered to check Resident #1's and that the resident was having. The representative confirmed that the ordered labs should have been drawn no more than a week after the order was received.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Ashford Court Assisted Living
1700 The Greens Way
Jacksonville Beach, FL 32250

Re: CCR #2013010284

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 2013 by a representative 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. Should you have any questions please call this office at

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

CB/KW/sm
Enclosure

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