STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966071	10/25/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
The Inn At Aston Gardens	9423 Aston Gardens Court Parkland, FL 33076	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments
CCR# 2013002189
Allegation was confirmed without deficiency for this complaint inspection conducted on and concluding on . The Inn at Aston Gardens Assisted Living Facility was in compliance with the requirements related to the allegation reviewed and was found to be in noncomplaince relating to an additional finding.

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and interview, the facility failed to properly maintain 1 out of 3 residents (Resident #8) medication observation records (MORs) from to .

The findings are:

In an interview with the Director of Nursing on at 11:30am, she stated that Resident #8 was hospitalized from to . She further stated that the resident received medication changes when she returned to the facility on and does not know the reason why her medications were not documented as given from to .

In an interview with Staff Nurse #3 on at 12:30pm, she stated that the facility could not source a pharmacy receipt for the specific medications Resident #8 received from to and cannot locate the medication observation record to indicate that the resident was given her prescribed medications from to .

Review of Resident #8 's 2012 MORs indicated that there were no medications given to her from to .

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
The Inn At Aston Gardens
9423 Aston Gardens Court
Parkland, FL 33076

RE: CCR #2013002189

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2013, 2013, and , 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924