| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965858 | 12/12/2013 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Aston Gardens At Pelican Marsh Llc | 4750 Ashton Gardens Way Naples, FL 34109 |

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

**List of Tags Cited:**
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

**Specific Tag Findings:**
These are the results of an unannounced Change of Ownership Survey (CHOW) survey conducted on through at Aston Garden at Pelican Marsh, an Assisted Living Facility (ALF) located at Naples, FL.

The following is a description of non-compliance:

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to obtain an updated Health Assessment after change in condition for 1 (Resident #4) of 15 sampled residents and failed to document change in condition that lead to the provision of additional services (admission to Hospice) for the same resident.

The findings include:

Record review for Resident #4 revealed that he was admitted to the Assisted Living Facility (ALF) on . Further review revealed that Resident #4 was admitted to Hospice on with primary diagnosis listed as and except .

Record review for the resident found no documentation of the resident's change in condition that lead to resident's admission to Hospice. Furthermore, the most recent Health Assessment on file that was dated did not indicate that resident was under Hospice care. There was a note on the resident record dated that was the assessment upon admission; the next note on file was dated and stated the following: "Ammonia Level Back 10 L Hospice Nurse visit Resident at 10:00 a.m. Resident complaint with medications and answers appropriate for base line."

The Administrator acknowledged the findings during the exit interview on at 3:00 p.m.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation and record review, the facility failed to follow control practices while assisting 2 (Residents #14 and #15) of 5 residents with self-administration of medications.

The findings include:

Observation at 9:00 a.m. of the medication passes on with medication aide (Staff Q) revealed the following:

1. Staff Q removed eye drops from medication cart and checked order against Medication Observation Record

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(MOR). Staff Q explained to Resident #14 that he would be receiving his eye drops in both eyes. Staff Q went to the sink, washed and dried her hands, put on a pair of gloves and picked up eye drops, encouraged the resident to tilt his head back and pull down his lower left eye lid. The resident complied and the medication aide instilled 1 drop of medication to the resident's left eye. Staff Q handed the resident a tissue to blot his left eye. Staff Q immediately told the resident to pull down his right lower eye lid. The medication aide instilled 1 drop of medication into Resident #14's right eye.

Staff Q failed to remove her gloves and re-wash her hands before instilling the eye drop into the right eye. Resident #14 used the same tissue to blot the right eye.

2. Resident #15's medication order read: [illegible] D Tab 400 units, Take 1 and 1/2 tablets (600 units) by mouth once daily [illegible] supplement."

Staff Q removed Resident #15's medication from the medication card containing 1 and ½ tablets. Only the 1/2 tab went into the medication cup. The whole tablet remained in the medication card. The medication card was then turned over and placed on top of two (2) other medication cards for this resident. Two (2) other medications were removed from their medication cards and the cards were placed on top of the card containing the whole [illegible] D tablet. The resident was given the cup of medications with a cup of water. Staff Q began to pick up the five (5) medication cards on the table to place them back in the medication card. This surveyor encouraged Staff Q to recheck the medication cards before placing them in the cart. Staff Q noticed the [illegible] D tablet was still in the medication card removed it placed it in the resident's medication cup. Resident #15 took the remaining medications.

3. Staff Q removed medications from medication cart for Resident #15, and compared medications to MORs. The medications were removed from the medication card and placed in a plastic medication cup. Each medication was explained to the resident. The medication cup containing Resident #15's medication was placed on the table in front of the resident with a cup of water.

Staff Q got up from the table and walked to the medication cart, turning her back on Resident #15. The resident picked up the cup of medication and removed several tablets from the cup with her fingers of her right hand and placed the pills in her left hand, the resident picked up the cup of water and placed the pills in her mouth dropping one pill into her lap. The resident swallowed the medications in her mouth with a drink of water. The resident took the remaining medications from the cup, placed them in her mouth and swallowed the medications with the water remaining in her cup. The resident attempted to get up from the chair and this surveyor informed Staff Q the resident did in fact have a pill in her lap. The resident picked up the pill and placed it in her mouth.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation, record review and interview, the facility failed to follow menu and to have substitutions noted before or when meal is served.

The findings include:

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SUMMARY STATEMENT OF DEFICIENCIES
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The weekly posted breakfast menu for Wednesday and Thursday states: Wednesday's menu is Ham & eggs, Creamy grits, Eggs your way, Bacon or Sausage, Breakfast potatoes, Oatmeal, Fresh Fruit, Banana, Apple, or orange, White, wheat, rye bread, English muffin, Danish, pastry of the day. Thursday's menu is Ham and cheese omelet, French Toast, Eggs your way, Bacon or Sausage, Breakfast Potatoes, Oatmeal, Fresh Fruit, Banana, Apple or orange, White, Wheat or rye bread, English Muffin, Bagel, Danish, Pastry of the day. The selected menu was approved and signed by the facilities Registered Dietician on .

The menu served on Wednesday also included French toast which was not included on the dieticians approved menu. The posted menu for Thursday did not include French toast but did include creamy grits and Cheddar Omelets which was not included on the dietician's signed approved menu.

Review of dietary substitution log on and revealed the facility did not document in the log book when substitutions are made to the menu.

During an interview on at approximately 11:00 a.m., the Food Service Manager revealed he was aware the 5 week cycle of menus were not being followed according to the licensed dieticians' recommendations. He stated, "I have been in the food service manager position for about 2 weeks. I plan to follow-up on the menus and prepare them as written from now on."

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Aston Gardens At Pelican Marsh LLC
4750 Ashton Gardens Way
Naples, FL 34109

Dear Administrator:

This letter reports the findings of a Change of Ownership (CHOW) survey that was conducted on 2013 by representatives 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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