STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966071	12/18/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Inn At Aston Gardens (the)	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 - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

0000-Initial Comments
An unannounced Change of Ownership survey was conducted on [redacted] and [redacted] at The Inn at Aston Gardens. The facility had deficiencies found at the time of the visit.

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observations, interviews and record review, the facility failed to properly prepare and serve a therapeutic diet as ordered by the Resident's health care provider, for 1 of 2 sampled Residents (#11). As evidence of pureed foods were not properly prepared and food items were not served according to the facility's dietitian-approved menu.

The findings include:

Review of Resident #11's record revealed she was admitted to the facility on [redacted]. Her AHCA Form 1823 (medical examination) dated [redacted] documented diagnoses including Advanced [redacted] and Parkinson's [redacted]. She was admitted to hospice services on [redacted]. A hospice nursing comprehensive assessment dated [redacted] documented, she required total assistance with activities of daily living including being fed, was a slow eater with a poor appetite and required pureed foods.

Review of a 3-ring binder with diet notification forms, filed in alphabetical order and stored in the main dining [redacted], revealed a diet notification for this resident dated [redacted] which documented she required pureed foods.

Resident #11 was observed in the facility's memory care unit during the lunch meal on [redacted] at 12:10 PM, with the Dining [redacted] (the facility's food service designee) present, being fed by the facility's Lead Care Manager. It was confirmed she was served pureed pizza, carrots and rice. After she was done eating, the pureed foods were then checked for consistency by the Dining [redacted] and this writer; chunks of pizza, carrots and rice were observed in the foods.

Resident #11 was again observed during the breakfast meal on [redacted] at 8:25 AM, while being fed by the facility's Director of Nursing. She was served cream of wheat and orange juice. Review of the facility's dietitian-approved menu for this meal documented additional food items to be served, specifically tomato and onion omelet, bacon, and a bagel with cream cheese. At that time, the staff person plating the residents' meals confirmed all expected foods had been received from the kitchen, and no pureed foods had been delivered to this unit for the resident .

In interviews with kitchen staff conducted [redacted] at 8:31 AM, the cook stated he was just asked to prepare pureed eggs and bread for Resident #11. He stated there was no meat substitute being prepared for this resident. He confirmed tomato, onion and bagel with cream cheese were not being prepared either. When asked for any

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966071	12/18/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Inn At Aston Gardens (the)	9423 Aston Gardens Court Parkland, FL 33076	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

written list or posting showing residents who required pureed meals, kitchen staff identified a bulletin board and a dry erase board with residents' special needs or preferences, but stated they did not include the residents from the memory care unit. They made reference to the 3-ring binder stored in the main dining . . . . . confirmed there was nothing available for reference that was stored in the kitchen. During an interview on at 8:32 AM, the facility's Executive Chef arrived. He acknowledged the lack of items served and confirmed Resident #11 should have been served food items that followed the menu. He also confirmed that nutritionally equivalent foods should have been served if any of the foods could not be safely pureed for the resident. He also confirmed there were no other written lists or posting showing residents who required pureed meals stored in the kitchen. He referred to the 3-ring binder stored in the main dining . . . . . acknowledged kitchen staff would have to go page-by-page to identify any residents that required pureed diets.

In an interview conducted . . . . . at 10:55 AM, the Dining presented a 3-ring binder similar to the one described above and stated it was for the residents in the memory care unit and was stored in the kitchen. She acknowledged kitchen staff and the Executive Chef did not verbalize knowledge of this binder and that staff would have to go page-by-page to identify any pureed diets. She further acknowledged the concerns identified above related to Resident #11's breakfast meal.

This was discussed with and acknowledged by the facility's Administrator on . . . . . at 11:42 AM.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure 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 **2014** 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

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