STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953701	**01/28/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ashton Place	**4151 Ashton Road Sarasota, FL 34233**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= B

Specific Tag Findings:
These are the results of the Biennial and Extended Congregate Care (ECC) survey conducted on through at Ashton Place an Assisted Living Facility (ALF) located in Sarasota, FL.

The following is a description of non-compliance:

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview, the facility failed to obtain a complete Health Assessment for 1 (Resident #3) of 16 sampled residents.

The findings include:

Record review for Resident #3 found that she was admitted to the Assisted Living Facility (ALF) on Further review revealed the Resident #3 began receiving Speech due to diagnosis of on The referral day for the service was dated Health assessment review for Resident #3 revealed that the only Assessment on file was dated and did not include the diagnosis of

Administrator acknowledged during interview on at 3:30 p.m., that the Heath Assessment for Resident #3 did not include the diagnosis of

Class III

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and interview, the facility failed to document change in condition for 1 (Resident #3) of 16 sampled residents; failed to document the development of a for 1 (Resident #5) of 16 sampled residents and failed to document a change in condition that lead to the provision of additional services l care) for the same resident.

The findings include:

1. Record review for Resident #3 found that she was admitted to the Assisted Living Facility (ALF) on A Home Health Communication log review revealed that on the resident developed a to No initial assessment or measurements were provided. Progress notes review for the same day found no documentation of the development of the The only entry stated that "Residents skin was intact."

2. Record review for Resident #5 revealed that he was admitted to the ALF on Further review revealed that the resident's Health Assessment 1823 form was modified on due to the development of a Record review for Resident #5 found no documentation of the development of After surveyors request the following documentation was provided by the Home Health Agency (HHA). Home Health communication log review revealed that on resident had a at the area and a skin

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953701	01/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ashton Place	4151 Ashton Road Sarasota, FL 34233	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

tear at the left heel. On the following was documented at residents Home Health log: at the left outer heel: 2.5 cm x 3.5 cm x 0 depth. at the right button top site: measured 0.5 cmx 0.5 cm x 0.2cm. right lower site: measured 0.5 cmx0.5cmx0.2 cm.

Interview with the LPN (Staff D) on at 1:20 p.m., revealed that she assessed the resident upon admission on . She stated that she observed all 3 but did not "Stage them." She stated that when the resident visited the doctor and he modified the health assessment he told her that: "Everything that is open is a Stage II."

Record review for Resident #5 revealed that it did not include any documentation of the development of from time of admission to (day of survey).

The Administrator acknowledged the findings during the exit interview on at 3:30 p.m.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review and interview, the facility failed to obtain a consent for the usage of half rails for 4 (Residents #3, #5, #6 and #8) of 16 sampled residents, prescription for the usage of half rails for 1 (Residents #5) out of 16 sampled residents and to utilize half rails for 1 (Resident #6) sampled residents.

The findings include:

Observation during tour conducted on at 9:00 a.m., found a set of half bed rails placed on Resident #3, #5 and #8's beds respectively. Further observation found an expandable full rail on Resident #6's bed. Record review for Resident #3, #5, #6 and #8 found no consent for the usage of bed rails by the residents or resident's representatives.

Record review for Resident #5 found no prescription for the usage of bed rails. Record review for Resident #6 found a prescription for 1/2 rails however an expandable full rail was observed at residents bed.

The Administrator acknowledged on at 3:30 p.m., that he did not have the consent for the usage of bed rails for Resident #3,#5, #6 and #8, and did not have prescription for bed rails for Resident #5, and did not utilize a half rail for Resident #6.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on record review and interview, the facility's Administrator failed to obtain annual minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an Assisted Living Facility (ALF).

The findings include:

Record review for Staff A (administrator/food manager hired revealed that he obtained his last continuing education in topics pertinent to nutrition and food service on . The training expired on .

The Administrator acknowledged on at 3:30 p.m., that he last obtain the training needed on .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953701	**01/28/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ashton Place	**4151 Ashton Road Sarasota, FL 34233**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Class

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Ashton Place
4151 Ashton Road
Sarasota, FL 34233

Dear Administrator:

This letter reports the findings of a Biennial and Extended Congregate Care (ECC) survey that was conducted on , 2014 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 , 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 surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

sh
Enclosure: State Form

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

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372