STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968609	03/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ashley Manors	3815 Nw 10th Street Delray Beach, FL 33445	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments
An initial Assisted Living Facility licensure survey was conducted on . Ashley Manor had the following licensure deficiencies issued on the day of the survey.

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on interview, the facility failed to ensure the Administrator, who is the only staff member of the facility, received a minimum of 1 hour of training in control, including universal precautions, and sanitation procedures before providing personal care to residents in an assisted living facility.

The findings include:

Upon interview, during the initial Assisted Living Facility licensure survey, conducted on at 9:30 AM, the Administrator stated that she is the only staff member of the facility at this time. During further inquiry, she reported that as of the day of the initial licensure survey, she has not obtained a minimum of 1 hour of training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents, as required.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on interview, the facility failed to provide documentation verifying the Administrator (Staff A), who is the only staff member of the facility, has a current valid card documenting completion of the required and First Aid course.

The findings include:

Upon interview, during the initial Assisted Living Facility licensure survey, conducted on at 9:30 AM, the Administrator stated that she is the only staff member of the facility at this time. During further inquiry, she reported that she completed the required and First Aid course but could not provide valid verification that she completed the course due to an issue with the recording of her

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name on the /First Aid card. During a further interview she stated that she did not have the card available for review for the surveyor.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on interview, the facility failed to ensure the Administrator, who is the only staff member of the facility, successfully completed the initial 4 hour training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

The findings include:

Upon interview, during the initial Assisted Living Facility licensure survey, conducted on at 9:30 AM, the Administrator stated that she is the only staff member of the facility at this time. During further inquiry, she reported that as of the day of the initial licensure survey, she has not obtained the initial 4 hour training on providing assistance with self-administered medications and safe medication practices in an assisted living facility, as required.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Ashley Manors
3815 Nw 10th Street
Delray Beach, FL 33445

Dear Administrator:

Re: Initial licensure survey

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

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dlt
Enclosure
XG90

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