| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965858 | 03/25/2014 |
| NAME OF PROVIDER OR SUPPLIER<br>**Aston Gardens At Pelican Marsh Llc** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**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 - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

**Specific Tag Findings:**

These are the results of an unannounced complaint survey (CCR#20144001354) conducted on and at Aston Gardens at Pelican Marsh, an Assisted Living Facility (ALF) located at Naples, FL.

Two allegations were substantiated. The facility received a citation as a result of this survey.

The following is a description of the noncompliance:

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on record review, observation, and interview the facility failed to provide adequate and appropriate health care relating to assistance with medications and activities of daily living for 3 (Resident #8, #15, and #31) out of 3 sampled residents; and failed to ensure that physician ordered treatments are performed by qualified personnel as reported by 6 (Staff A, B, C, D, E, and F) out of 7 unlicensed nursing staff interviewed.

The findings include:

1. Resident #31 approached the surveyor on at 10:30 a.m., and stated he did not receive medications and showers as scheduled.

Review of the resident's 2014 Medication Observation Record (MOR) revealed that the resident was scheduled to receive 100mg 1 tablet by mouth once daily. Medication notes for a 14 day time period, through , indicate that the was not given because it was not available from the pharmacy.

Review of the resident's 2014 MOR revealed that the resident was scheduled to receive 100mg 1 tablet by mouth once daily. Medication notes for a 5 day time period, through indicate that the Bupropoion was not given because it was not available from the pharmacy. In addition, the resident was scheduled to receive 20mg 1 capsule by mouth every day before a meal. Medication notes, dated , indicate the was not given because it was not found on the (medication) cart.

Upon interview on at 4:00 p.m., the Administrator acknowledged that the resident did not receive his medication as ordered by the physician; and stated they were having difficulty obtaining the medication for the resident.

Review of the shower documentation, for Resident #31, revealed he has received 4 showers for the time period through with no refusals documented. The resident is scheduled to receive a shower every Monday and Friday evening, and at least 15 showers should have been documented as given for this time period.

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

2. Resident #16 approached the surveyor on [redacted] at 12:15 p.m., and stated, "They don't have my medication again today." The resident appeared very [redacted] restless and frustrated. She was observed pacing and flaring her arms. Her voice was high pitched and she had rapid eye movements. She also commented at this time that, "This place is for the birds."

Review of the resident's [redacted] 2014 MOR revealed that the resident was scheduled to receive Hydroxyz Pam (Visteral) 50mg 1 capsule by mouth three times daily, for a diagnosis of [redacted]. Medication notes dated [redacted] (no time listed) and [redacted] at 8 a.m., indicate that the Hydroxyz was not given because it was not on hand and it was not available from the pharmacy. Interview of the Director of Nursing, at this time, revealed that the medication had not been delivered from pharmacy to give to the resident for the 12:00 p.m. dose. In addition, at this time, it was noted that there was no indication that [redacted] 40mg, scheduled for 9 p.m. daily, was given on [redacted] and [redacted]. When questioned, the Director of Nursing stated, "the nurse probably forgot to sign (the MOR)."

On [redacted] at 9:00 a.m., Resident #8 approached the surveyor and stated, "Thank you for helping me yesterday." The resident appeared calm, pleasant and happy at this time. She stated that her medication arrived yesterday afternoon.

Review of the resident's [redacted] 2014 MOR revealed the following discrepancies:
[redacted] 40mg by mouth once daily, for diagnosis of [redacted]; not signed as given on [redacted]
Hydroxyz 50mg by mouth three times daily, for diagnosis of [redacted], not given [redacted] at 5 p.m., [redacted] at 8 a.m., and [redacted] at 12 p.m. because it was not available.

Review of the resident's [redacted] 2013 MOR revealed the following discrepancies:
[redacted] 200mg by mouth once daily, for diagnosis of agitation; not signed as given [redacted]
[redacted] 20mg by mouth every night, for diagnosis of [redacted]; not signed as given [redacted]
[redacted] 1 mg by mouth every night, for diagnosis of [redacted]; not signed as given [redacted]
[redacted] 0.5mg by mouth twice daily, no diagnosis indicated; not given [redacted] at 8 a.m. and 5 p.m. and [redacted] at 5 p.m., because it was not available from pharmacy.

On [redacted] at 4:00 p.m., the Administrator acknowledged that the resident did not receive her medication as scheduled.

3. Upon interview on [redacted] at 10:45 a.m., Resident #15 stated, "They (the staff) give me my medications and help me shower, wash my clothes, cook my meals."

When asked how often she gets her shower, the resident stated, "I'm supposed to get one twice a week, but that does not always happen."

Review of the shower record revealed that the resident is scheduled to receive a shower every Tuesday and Friday morning, 7:00 a.m.-3:00 p.m. shift. The documentation states that the resident received a shower 4 times during the time period [redacted] through [redacted] out of a possible 7 scheduled times.

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The resident also stated that she did not get her medication, to help her sleep, several months ago; and hopes this does not happen again. Review of her 2013 MOR revealed that she did not receive 15mg by mouth at bedtime on and because it was not available from the pharmacy.

4. During interview of Staff A, B, C, D, E and F (not licensed to do treatments ordered by a physician), on between the hours of 2:30 p.m. through 3:00 p.m. and on between the hours of 1:40 p.m. through 4:15 p.m., the following statements were made.

"Nurses put prescription creams in resident and ask CNAs (Certified Nursing Assistant) and RAs (Resident Aide) to put the cream on the resident. Nurses ask me to put creams on residents, but I know I cannot do that, there are instructions on the label. I refuse to put creams on residents when they (the nurse) ask me. I heard that a nurse on the evening shift always has the CNAs put the creams on residents. Just a few nurses ask that we put cream on 'affected area'."

"Last month 2014) we worked with 2 CNAs on the day shift. We sometimes work with 2 CNAs on the evening shift, this is very hard. The Garden Unit is supposed to help when this happens, but they don't. Residents complain that they are not getting their showers and laundry is not getting done. It has been a lot better this month 2014) because they increased the CNA staff to 4 on the day shift; so, if a 'call-in' occurs, we still will have 3 (CNA staff). We worked with 2 CNAs on two weekends in . We work every weekend now."

Review of the 2014 CNA staffing schedule, for the 3:00 p.m. -11:00 p.m. shift, revealed that 2 CNA's worked Saturday Sunday Saturday and Sunday

Interview of the Director of Nursing, on at 4:00 p.m., revealed that nursing staffing levels have been identified as a problem and the facility has adjusted the scheduling patterns to address this issue.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

**Re: CCR #2014001354**

This letter reports the findings of a complaint survey that was completed 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 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

HW: ar
Enclosure State Form

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