AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966328	07/20/2015
NAME OF PROVIDER OR SUPPLIER **INN AT ASTON GARDENS AT TAMPA BAY (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **11741 LAKE ASTON COURT** **TAMPA, FL 33626**	

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

0000 Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on .

Inn at Aston Gardens at Tampa Bay, assisted living facility, had deficiencies at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observation, record review, and resident and staff interviews, the facility failed to have licensed staff administer treatments to 1 (Resident #11) out 3 Residents sampled for Medication Record Review.

Findings include:

An observation was conducted on / at 2:40PM of Resident #11 sitting in her a machine on the table next to her, an interview with the resident confirmed the facility staff assist her with her treatments.

An interview was conducted with Employee E (Medication Technician/Care Manager) on at 3:10PM and he confirmed he assisted Resident #11 with her treatments. He replied " I take the medication vial, open it up and put in her machine and close it for her".

A review was conducted of the and MOR (Medication Observation Record) for Resident #11 and it revealed an order for treatments every 4 hours, inhale one vial, while awake. The medication is initialed as being given by med techs at 8a.m., 12 noon, 4p.m. and 8p.m. every day.

An interview was conducted with Employee F (LPN) on and she confirmed the Med techs assist Resident #11 with her breathing treatments every day.

An interview was conducted with the Administrator on at 5:11 PM and she confirmed Med Techs

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966328	07/20/2015
NAME OF PROVIDER OR SUPPLIER **INN AT ASTON GARDENS AT TAMPA BAY (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **11741 LAKE ASTON COURT TAMPA, FL 33626**	

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

assist Resident #11 with her [illegible] treatments. She stated " The Med Tech will open the medication for her, put in the cup, and close the lid back for her. "

A review of the facilities policy for Medication Standards dated , 2013 reveals on Page 57 " Unlicensed staff that is assisting with self-administration of medication does not assist in any way with the following: "Administering medications through intermittent positive pressure breathing machines or through a ."

An interview was conducted with the Administrator on at 5:20PM. The Administrator confirmed the facility Policy for Medication Standards states "Unlicensed staff (Med Tech) are not to assist resident in any way with ".

Class III

0081 Training - Staff In-Service

Based on record review and staff interview, the facility failed to have 1 hour in service training for direct care staff within 30 days of employment for Emergency Procedures and Emergency evacuations and failed to have a 1 hour training for , Neglect, and for 1 (Employee B) out of 3 employee files reviewed.

Findings include:

An employee record review was conducted for Employee B date of hire . The employee's file had no documentation she received 1 hour of training in Emergency Procedures and Emergency Evacuations, or , Neglect and .

An interview with the Administrator was conducted on at 5:15PM and she confirmed Employee B did not receive training for Emergency Procedures and Emergency Evacuation or , Neglect, . She stated " The employee has been scheduled a couple of times but did not come to the

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966328	**07/20/2015**
NAME OF PROVIDER OR SUPPLIER **INN AT ASTON GARDENS AT TAMPA BAY (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **11741 LAKE ASTON COURT** **TAMPA, FL 33626**	

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

training".

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Inn at Aston Gardens at Tampa Bay (The)
11741 Lake Aston Court
Tampa, FL 33626

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2015, by representative(s) 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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(s). Should you have any questions please call **Teresa Ryan**, RNC, at 727-552-2000.

Sincerely,

Teresa Ryan RNC

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form (5000-3547)

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com