SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Ashford Court Assisted Living
1700 The Greens Way
Jacksonville Beach, FL 32250

RE: CCR #2015007680

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 2015 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than 30, 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. Should you have any questions please call this office at -4201.

Sincerely,

Jana Meyering

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

VS/JM/sm
Enclosure
XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965336	09/23/2015
NAME OF PROVIDER OR SUPPLIER ASHFORD COURT ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 THE GREENS WAY JACKSONVILLE BEACH, FL 32250	

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

0000 Initial Comments

On - an unannounced complaint investigation survey (CCR#2015007680) was conducted at Ashford Court Assisted Living. At the time of the investigation deficiencies were found.

0152 Physical Plant - Safe Living Environ/Other

Based on interview and observation the facility failed to ensure that they were able to meet the needs of that 1 out of 4 residents by ensuring that they were in a were in a clean and safe environment (Resident #1).

The findings Include:

On at 9:45am,a tour was conducted of Resident #1's . The observed, littered with paper and old Styrofoam food containers. The containers were observed lying on the living and on the around the toilet. In addition, there was a puddle of water on the entry way floor of the . The door was hanging off the hinge and the top of the cabinet was also observed coming apart. The toilet seat was stained with and there was black mold-like substance observed around the rim of the toilet and little black bugs were observed flying around in the living . (see photographic evidence)

On Resident #1's residential contract was reviewed. The contract revealed that the facility "shall maintain in good order and repair all plumbing and toilet facilities and other fixtures installed." In addition, housekeeping services is also provided.

On at 10:30am, an interview was conducted with Staff A. Staff A stated that Resident # 1 refused to allow the facility staff to clean Resident #1's . Staff A stated that she will go in and get Resident #1's laundry to make sure she has clean clothes. Staff A stated that "if you look at Resident #1's , it is a mess." Staff A stated no resident should live in those kind of conditions.

On at 11:15 am an interview was conducted with Resident #1. Resident #1 stated that she does not trust anyone around her things and do not want anyone in her . When the water was turned on in the , during the interview of Resident #1; she screamed thinking the water would flood out the .

On at 11:50am, an interview was conducted with Resident #1's relative. The relative stated that Resident # 1 is a hoarder and has always kept a cluttered home. He stated that he was not aware

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that Resident #1's unclean and that her flying bugs. The Relative stated that the resident had a tendency to bring food back from the dining area to her eat as she eats slowly. He stated that he and the facility has no ongoing agreement or plan in order to make sure Resident #1's be clean and free from any hazards.

On at 12:15pm an interview was conducted with the Executive Director (ED), Business Office Manager (BOM), Maintenance Manager (MM) and the Assisted Living Director (ALD). The meeting was held due to the hazardous conditions observed in Resident #1's . The MM agreed that little work has been done in resident #1's .

During the same meeting the ALD stated that she knew Resident #1's cluttered but has never went past the living kitchen area and was not aware that the in such bad condition. She stated that Resident #1's relative said that his aunt is a hoarder. All parties confirmed that the facility had no plan in place to ensure that Resident #1's safe for the resident.

On a review of the facility health inspection report completed by the Health Department dated , revealed that the facility was cited for having an "infestation presence".

On at 4:55pm an interview was conducted with Staff B. Staff B stated that Resident #1 refused to allow the facility staff to touch anything that belongs to her. Staff B stated they are only able to make her bed. Staff B stated that Resident #1 will not allow housekeeping to come into her will not allow staff to move anything in the . She stated that no plan has been put in place in order to correct the problem.

Class III

Z815 Background Screening: Prohibited Offenses

Based on personnel record review and interview, the assisted living facility failed to ensure that 1 out 5 (Executive Director) sampled staff members have an eligible background screening prior to providing care and services to residents.

The findings include:

1) On a record review of the Executive Directors personnel record revealed an original hire

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date of . . . /. . . . . Record review revealed that no eligible background screening was found.

2) A review of the Agency's background screening website revealed no eligible background screening on file for the Executive Director.

3) On . . . . . an interview was conducted with the Resident Life Coordinator. She stated that there was no evidence to support that the Executive Director has an eligible back ground screening on file.

4) On . . . . . during the tour of the facility the ED was observed interacting and mingling with the residents. In addition, the ED has key access to all of the residents .

Unclassified