STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965761	10/06/2015
NAME OF PROVIDER OR SUPPLIER **ASHTON PALMS**	STREET ADDRESS, CITY, STATE, ZIP CODE **36 WEST ESTHER STREET** **ORLANDO, FL 32806**	

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

0000 Initial Comments

The biennial re-licensure survey was conducted on , 2015. Ashton Palms had deficient practice identified during the survey.

0007 Admissions - Criteria

Based on record review and interview the facility admitted 1 of 2 residents (#1), who exceeded ALF admission residency criteria, per health assessment report.

Findings:

Resident record review for resident #1 revealed a health assessment form 1823 dated that listed diagnoses of Parkinson's , high and deficiency. The assessment indicated the resident needed total care with bathing.

In an interview on / at approximately 4 PM with the owner /administrator, who stated she did not review the assessment and the resident was appropriate for assisted living.

Class III

0093 Food Service - Dietary Standards

Based on observations and interviews the facility failed to ensure substitutions to the menu were noted before or when the meal was served.
Findings:
Observations on at approximately 11:30 AM noted the menu posted to be served was posted was mashed potatoes, broccoli casserole, mixed salad and gelatin.
Observations on at approximately 12 PM of the lunch served revealed mashed potatoes, chicken, peas, pears and juice. Review of the menu posted revealed the substitutions were not noted on the menu.
In an interview on / at approximately 12:30 PM with the owner /administrator, who stated the substitutions had not been noted on the menu and a separate sheet was not maintained.
Class III

0162 Records - Resident

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

Based on observations, record review and interview the facility failed to ensure that 2 of 2 sampled resident records (#2) contained all the required components that included weights taken every 6 months.
Findings:
Record review for resident #2 a health assessment form 1823 dated / / listed diagnoses of high , and . Assistance was needed with bathing, dressing, , toileting, transferring and ambulation. Continued review revealed a weight was taken on . The next documented weight was taken / (due and every 6 months thereafter).The next available weight was done on .
In an interview on / at approximately 4 PM with the owner /administrator, who stated the resident was weak and unable to stand on a scale which made it difficult to weigh her.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Ashton Palms
36 West Esther Street
Orlando, FL 32806

RE: Relicensure w/LMH

Dear Administrator:

This letter reports the findings of a 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 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 , 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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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