STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953701	12/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHTON PLACE	4151 ASHTON ROAD SARASOTA, FL 34233

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

0000 Initial Comments

This is a Biennial survey with an Extended Congregate Care component, conducted on through at Ashton Place, an Assisted Living Facility in Sarasota, Florida.

The following is a list of the deficiencies:

0161 Records - Staff

Based on personnel record review and interview, the facility failed to have job descriptions in 3 (Employees A, E, and F) of 5 personnel records reviewed.

The findings included:

A review of the facility license revealed that the facility has a licensed capacity of 42.

A record review of Staff A, E, and F's personnel records showed they did not have a job description in the record.

During an interview on at 10:05 a.m. the business manager said the records should have a job description. The business manager reviewed the personnel records and was unable to locate the job descriptions.

Class

E205 ECC - Health Assessment

Based on record review and staff interview, the facility failed to complete a new annual health assessment for one (Resident #14) of 4 sampled residents receiving Extended Congregate Care (ECC) services.

The findings included:

Record review of Resident #14 at 11:00 a.m. on / , revealed that the resident was admitted to facility and is receiving ECC services. The only health assessment found in the file was dated

Staff interview with Administrative Assistant at 11:30 a.m. on / , revealed there was no new annual

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953701	12/08/2015
NAME OF PROVIDER OR SUPPLIER **ASHTON PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4151 ASHTON ROAD** **SARASOTA, FL 34233**	

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

health assessment completed for Resident #14.

Class III

E208 ECC - Records

Based on record review and staff interview, the facility failed to document in the residents progress notes each time nursing services were provided for 2 (Residents #2 and #7) of 2 sampled residents receiving Extended Congregate Care (ECC) services.

The findings included:

1. Record review for Resident #2 at 02:15 p.m. on / revealed documentation in the form of weekly ECC summary progress notes on //, //, //, //, and // indicating that pubic care was provided on a daily basis. The ECC service plan for this resident indicates this is a daily ECC nursing service that is to be provided by a Registered Nurse (RN) or a Licensed Practical Nurse (LPN). The documentation in the progress notes is occurring on a weekly basis.

2. Record review for Resident #7 at 02:30 p.m. on revealed documentation in the form of weekly ECC summary progress notes on //, //, //, and // indicating resident has a to the left wrist. The service plan for this resident indicates that application of a to the left wrist is a daily ECC nursing service that is to be provided by an RN/LPN. The documentation in the progress notes for this service is occurring on a weekly basis.

3. Staff interview with Staff I at 2:45 p.m. on revealed that she was unaware of the need for documentation in the progress note each time a nursing service is performed for ECC residents.

Class III

Z816 Background Screening-Compliance Attestation

Based on personnel record review and interview, the facility failed to have current Level II background screenings on 1 (Staff G,facility Administrator) of 4 records reviewed.

The findings included:

A review of Staff G's personnel record showed a hire date of 1996. The last screening in the personnel record showed a background screening eligible dated . There was no current record

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953701	**12/08/2015**
NAME OF PROVIDER OR SUPPLIER **ASHTON PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4151 ASHTON ROAD** **SARASOTA, FL 34233**	

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

in the chart.

During an interview on at 11:19 a.m., the business manager said he thought Staff G had gone for fingerprints. The business manager went into the AHCA website to pull up Staff G's fingerprints and they were not in the system. The business manager reviewed Staff G's personnel file and could not find a current Level II background screening.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Ashton Place
4151 Ashton Road
Sarasota, FL 34233

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on , 2015 by representatives 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

for

Jon Seehawer, R.N.
Field Office Manager

sh
Enclosure: State Form

XG90

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com