STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968609	**03/25/2016**
NAME OF PROVIDER OR SUPPLIER **ASHLEY MANORS**	STREET ADDRESS, CITY, STATE, ZIP CODE **3815 NW 10TH STREET DELRAY BEACH, FL 33445**	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted on 3/25/16 at Ashley Manors. The facility had deficiencies at the time of the visit.

0007 Admissions - Criteria

Based on observation and record review, it was determined that the facility failed to ensure a resident admitted for residency met the admission criteria, for 1 out of 2 records reviewed (Resident #5). As evidence of Resident #5 having an unstageable sacral , required 24 hour care and bedridden on the day of admission to the facility.

The findings included:

During an interview with the Administrator on at 10:00 AM, she stated Resident #5 had a pressure on day of admission of . She further stated that the is being treated by Hospice.

Record review of Resident #5's file revealed an admission date of . Review of Resident #5's Health Assessment Form (AHCA Form 1823) dated / documented the resident's diagnosis as severe Parkinson . The AHCA form 1823 documented the physical or sensory limitations as unable to perform daily activities and nursing/treatment/ service requirements as 24 hour care. The resident's Activities of Daily Living (ADLs) were documented as needs assistance. Further review of the assessment form showed the resident is bedridden and poses a danger to self or others (Section C marked as "y").

Review of Resident #5's Hospice Integrated Care Plan shows Resident #5 was admitted to Hospice on . The Hospice Nursing notes dated / , documented that Resident #5 has "left hip eschar 3 x 3.5, right heel eschar, and Unstageable sacral 5.5 X 3.5 scant bloody drainage".

During an interview with the Hospice Nurse on at 4:26 PM, it was confirmed that Resident #5 had an unstageable sacral at the time of admission to the facility on and at the time of his acceptance into Hospice. The Hospice Nurse states, "The sacral is not expected to heal, as this resident has recently had a turn for the worse and is now on 24 hour crisis care. His is

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imminent."

On 3/25/16 at 9:15 AM, Resident #5 was observed out of bed and in his wheelchair being pushed by staff to dining room table. Resident was assisted with his breakfast meal and given his medications. After breakfast, Resident #5 sat in the sitting/television area for approximately an hour before going back to his take a nap.

On at approximately 11:30 AM, the Manager expressed surprise when shown Resident #5's AHCA Form 1823 which documented the his status as "bedridden" and posing "a danger to self and others." She stated, "This is not correct." The Manager was asked why she did not notice this before, as the Health Assessment (AHCA Form 1823) was one of the tools used to determine whether a resident is appropriate for an assisted living facility. She indicated this information was overlooked. The Manager stated she would contact the Resident's physician for an amended AHCA Form 1823. She further stated the facility did not have an updated AHCA form 1823 indicating the resident's current condition (including indication of pressure sores), nursing services (enrollment into hospice) and current ADLs.

Review of the Resident#5's record and hospice notes showed that the resident did not met the criteria for admission to the facility on due to the resident requiring 24 hour care, bedridden and had at least 1 unstaggable pressure . The resident's 1823 on admission was noted to be inaccurate based on interview with the Administrator and the Hospice Nurse who revealed the resident had a pressure at the time of admission and that the resident's health had continued to decline

Class III

0052 Medication - Assistance with Self-Admin

Based on observation, facility policy review, and staff interview, the facility failed to ensure staff assisting residents with self-administration of medications followed the appropriate procedures as outlined in state regulation for 2 of 5 residents who were observed receiving their medications (Residents #3 and #5)

The findings include:

1) On at 9:15 AM, Staff A was observed washing her hands. Then, she removed a small cup from the locked medication cabinet in the kitchen containing several medications, which had previously been removed from their original properly-labeled container. She crushed the pills that were labeled as

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"OK to crush" and placed the crushed medications and uncrushed medications in small cup of applesauce. The Staff A mixed the medications into the applesauce and proceeded to put the spoon containing the applesauce and medication mixture into Resident #3's mouth.

2) On at 9:20 AM, Staff A was observed washing her hands. Then, she removed a small cup from the locked medication cabinet in the kitchen containing several medications, which had previously been removed from their original properly-labeled container. She mixed the pills with a small amount of applesauce, and she proceeded to put the spoon containing the applesauce and medication mixture into Resident #5's mouth.

At the time of medication observation, it is noted on the front of the Medication Observation Record a step-by-step list for following the proper regulatory procedure for assisting with self-administered medications. This list included:
a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident.
b) In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container.
c) Placing an oral dosage in the resident ' s hand, or placing the dosage in another container, and helping the resident by lifting the container to his or her mouth.
These steps were not followed by Staff A while assisting Residents #3 and #5 with their medications.

During interview with the Manager, Administrator and Staff A on at 2:00 PM, Staff A admitted that she did not follow the proper procedure when assisting with Resident #3 and #5's medications; the Manager and Administrator also acknowledged at this time that the proper procedure was not followed by Staff A.

Class III

0054 Medication - Records

Based on medication record review and staff interview, the facility failed to ensure Medication Observation Records (MOR) were completed/accurately, for 4 of 5 residents whose Morse were reviewed (Resident #1 - #4).

The findings include:

On , a review of each resident's MOR revealed the following issues all noted to be on

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a) Resident #1: 8 PM doses of Liquid ( ) and not initialed as given.

b) Resident #2: 2 PM dose of HFA not initialed as given, 8 PM dose of , and Lubricating eye drops not initialed as given.

c) Resident #3:8 PM doses of and not initialed as given.

d) Resident #4:2 PM dose of not initialed as given, 8 PM doses of ( ), ( ) not initialed as given.

Review of the MOR and the residents' file revealed no added notes on the back of the residents' MOR indicating the reason for the missing initials/doses.

On at approximately 11:30 AM, the Manager acknowledged the missing initials on the MOR.

Class III

0077 Staffing Standards - Administrators

Based on record review and staff interview, the facility failed to follow regulatory guidelines for staffing standards as it relates to Administrators and Managers.

The findings include:

On / , during review of facility information contained on HealthFinder.gov, it is noted that the Administrator for this facility is also the Administrator for a second facility in the same city.

On at approximately 11:00 AM, during interview with the Administrator, she confirmed she is administrator for two facilities. At this time, the person who is identified as the Manager of this facility, is asked if she is a Manager or Administrator for any other facility. She stated, "Yes, I am the Administrator for another facility."
A review of facility information on HealthFinder.gov confirmed the Manager of this facility was also listed as administrator of another facility.

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On 3/25/16, at approximately 11:15 AM, the Administrator and Manager were informed, per state regulation, an Administrator who is an administrator for more than one facility must have a Manager for the second facility, and a manager cannot be both Manager of one facility and Administrator of another. They both acknowledged the deficient practice.

Class III

0081 Training - Staff In-Service

Based on employee record review and staff interview, the facility failed to ensure 1 of 3 employees received all of the required in-service trainings within 30 days of hire (Staff A).

The findings include:

On , during employee record review for Staff A, no documentation could be found showing completion of 1 hour training covering Resident Rights and Recognizing and Reporting , Neglect and within 30 days of this employee's date of hire (/).

A request for documentation showing completion of this training for Staff A was made to the Manager on at 11:30 AM. However, no verification was provided prior to survey exit.

Class III

Z815 Background Screening: Prohibited Offenses

Based on observation, employee record review and staff interview, the facility failed to ensure Level II Background Screening employment eligibility was obtained before employees were allowed to provide personal care and/or have access to residents personal property and/or living areas, for 1 of 3 employees whose background screenings were reviewed (C).

The findings include:

On from 8:45 AM to 3:00 PM, Staff C was observed performing cleaning and laundry duties in residents' living areas.

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A review of Staff C's employment record showed a hire date of 3/10/16. There was no documentation showing a BGS was completed on this employee, and she was eligible for hire. A search was done on the BGS Unit's website for Staff C using both her social security number and her legal name; there were no results found.

During interview with the Manager on / at 11:30 AM, she stated, "A background screening was done on [Staff C] before hire. [Staff C] was only hired for housekeeping until her screening cleared." The Manager was informed that housekeeping staff who had access to resident's personal property and living areas still needed to be cleared for employment.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2016

Administrator
Ashley Manors
3815 NW 10th Street
Delray Beach, FL 33445

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 , 2016.** 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

Delray Beach Field Office
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