STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965858	R
NAME OF PROVIDER OR SUPPLIER **ASTON GARDENS AT PELICAN MARSH LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4750 ASHTON GARDENS WAY** **NAPLES, FL 34109**	

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

0000 Initial Comments

An unannounced revisit survey was conducted on at Aston Gardens at Pelican Marsh, an Assisted Living Facility in Naples, Florida. This was a follow-up to the Change of Ownership survey completed on / /.

The following is a description of the deficiency found at the time of the visit.

0056 Medication - Labeling and Orders

Based on observation, record review, and interview, the facility failed to ensure the Medication Observation Record (MOR) for 3 (Residents #4, #9, and #16) of 5 residents sampled, matched the Medication Label and the Healthcare Provider Order.

The facility failed to ensure that prescriptions for 1 (Resident #1) of 5 residents sampled were filled or refilled in a timely manner.

The facility failed to ensure an "as needed" prescription included the circumstances under which it would be appropriate for the resident to request the medication, on the medication label.

The findings included:

1. During medication review, for Resident #1, it was observed that the MOR indicated 5-325 mg. every 6 hours as needed, for pain and the Order stated, 5-325 mg. every 6 hours as needed, for pain. This medication was not in the care.

It was also observed during this review that the MOR indicated 4 mg. every 6 hours as needed, for and the Order stated, 4 mg. every 6 hours as needed, for . This medication was not in the cart.

It was also observed during this review that the MOR indicated 50 mg. at bedtime as needed, for and the Order stated, 50 mg. at bedtime as needed, for . This medication was not in the cart

In an interview on at 2:15 p.m. with the Director of Healthcare, she stated, "I don't know why we don't have them. If they're discontinued, we need to notify the pharmacy."

2. During medication review, for Resident #4, it was observed that the MOR indicated, Senoxon 2

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tablets by mouth every night at bedtime as needed for ,PRN (as needed) and the order stated, Senoxon 2 tablets by mouth every night at bedtime as needed for , PRN.

There were 2 Medication Cards in the cart. One Medication Card Label stated, Senoxon 1 tablet by mouth every night at bedtime as needed for ,PRN. The other Medication Card Label stated, Senoxon 2 tablets by mouth every night at bedtime as needed for , PRN.

In an interview on / at 2:15 p.m. with the Director of Healthcare, she stated, "It should've had a 'change of orders' sticker on it."

3. During medication review, for Resident #9, it was observed that the MOR indicated, 1 mg. as needed-secretions and the Order stated, 1 mg. as needed-secretions. The Medication Label stated, 1 mg. as needed.

In an interview on at 2:15 p.m. with the Director of Healthcare, she stated, "They all should have on there what it's for." "They're sending a new med-card."

4. During the medication review, for Resident #16, it was observed that the MOR indicated, Aldendrodate 70 mg. once a month and the Order stated, Aldendrodate 70 mg. once a week. The Medication Label stated, Aldendrodate 70 mg. once a week.

It was also observed during this observation that the MOR indicated, Voltaren Gel to left wrist twice daily, as needed for pain and the Order stated, Voltaren Gel to left wrist twice daily, as needed for pain. The Medication Label stated, Voltaren Gel to left wrist twice daily for 30 days.

It was also observed during this observation that the MOR indicated, powder, give 17 grams in 8 oz. of water by mouth daily at 8:00 a.m. for regularity and the Order stated, powder, give 17 grams in 8 oz. of water by mouth daily at 8:00 a.m., as needed for regularity. The Medication Label stated, powder, give 17 grams in 8 oz. of water by mouth daily at 8:00 a.m., as needed for regularity.

In an interview on at 2:15 p.m. with the Director of Healthcare, she stated, "The pharmacy realizes they made the mistake." "We have a sticker on it now." "The nurse practitioner isn't writing the order like that anymore."

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11965858 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ASTON GARDENS AT PELICAN MARSH LLC	4750 ASHTON GARDENS WAY NAPLES, FL 34109

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
		4-8-16	Robin Heimann, RN	4-8-16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON
1/12/2016

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

 EVENT ID: 931812

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Aston Gardens At Pelican Marsh LLC
4750 Ashton Gardens Way
Naples, FL 34109

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on
28, 2016 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiency corrected during the visit and theuncorrected deficiency that was identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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 (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form and Revisit Report

YOSF

Fort Myers Field Office
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Fort Myers, FL 33901
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