STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966837	11/07/2016
NAME OF PROVIDER OR SUPPLIER **AASBURY MANOR ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5302 SATEL DR** **ORLANDO, FL 32810**	

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

0000 Initial Comments

A complaint investigation was conducted at Aasbury Manor (license #10956) on 11/07/2016. The facility had deficiencies at the time of the investigation.

0078 Staffing Standards - Staff

Based on Personnel record review and interview, the facility failed to obtain a statement from a health care provider documenting freedom from ( ) for 4 of 4 records reviewed.

Findings:

1. Personnel Record review for Staff A, hired on / revealed the last documentation to confirm freedom from was dated / .

2. Personnel Record review for Staff B, hired on / revealed the last documentation to confirm freedom from was dated / .

3. Personnel Record review for Staff C, hired on / revealed no documentation to confirm freedom from .

4. Personnel Record review for Staff D, administrator revealed the last documentation to confirm freedom from was dated / / .

On / at 3:00 PM the Supervisor said he could not locate any documentation to confirm freedom from for the 4 staff members.

Class III

0079 Staffing Standards - Levels

Based on review of staff schedules and interview, the facility failed to meet the needs of the residents and maintain work schedules that met the minimum staff hours per week and staffing for 24 hours each day as required by 58A-5.019(2) F.A.C.

Findings:

Staff schedules provided by the facility for and 2016 were reviewed. The schedule

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showed an "x" in the date for staff caregiver shifts, but did not indicate start and end of shift times. Two caregivers were listed on the schedule for the date of the survey. The schedule for showed two caregivers marked as working each day.

On / at 9:00AM Staff B stated she was a caregiver and worked from 7AM to 7PM.

On / at 9:35 AM, Staff A stated her hours were 7AM to 7PM. When asked who worked from 7PM to 7AM, she replied she lived at the facility. She said she was there in case of an emergency. She said she was not paid for the overnight shift, but since she lived there, she could help. Staff A said there was no staff assigned to work 7PM to 7AM.

Staff hours were using the facility's stated times for shift durations of 7AM-7PM. Staff hours equal 168 hours. The minimum requirement for staffing in a facility with 8 residents is 212 hours.

In an interview with the supervisor on / at 2:00 PM, he confirmed that there was no one scheduled to work from 7PM to 7AM, but they had "live in" staff in case of emergency.

Class III

0093 Food Service - Dietary Standards

Based on menu review, observations and interview, the facility did not ensure that the menu was reviewed and dated annually by a licensed or registered dietitian, and was documented in the facility files.

Findings:

Review of the posted menu revealed Week 2 posted on the refrigerator. The menu was signed by a licensed dietician and was dated / /

On / at 2:30 pm, the supervisor confirmed that they did not have a new menu from the dietician. He stated it was ordered and he forgot to send the payment for the menu.

Class III

L243 LMH - Training

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

Based on personnel record review and interview, the facility failed to ensure that 1 of 4 sampled staff (C) had received the initial 6 hours of Limited Mental Health (LMH) training.

Findings:

Personnel record review for staff C, hired on / , revealed no documentation for the required 6 hours of Limited Mental Health training within 6 months of hire date. The record did not have any documentation for the 6-hour course. She did have a certificate for a 3-hour LMH update on / / , but not the initial required class.

On / at 3:00 PM, the supervisor confirmed that staff B did not have the initial LMH training as required.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Aasbury Manor Alf
5302 Satel Dr
Orlando, FL 32810

RE: CCR #2016009770

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on , 2016 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 , 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 surveyor(s). Should you have any questions please call Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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