RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Aasbury Manor ALF
5302 Satel Dr
Orlando, FL 32810

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2017 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 , 2017.** 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 (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

XG90

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966837	01/04/2017
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

The biennial re-licensure survey with Limited Nursing Services (LNS) and Limited Mental Health (LMH) was conducted on , 2017. Aasbury Manor, license #10956, had deficiencies at the time of the visit.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observations and interview, the facility failed to ensure the unlicensed staff who assisted 1 of 2 sampled residents (#7) with self-administration of medications followed the correct procedure.

Findings:

On / / at 12:45 PM, the unlicensed medication technician checked the (B/P) of resident #7. She then placed a drinking cup and a medicine cup on the counter. She handed a medication bubble pack to resident #7, pointed to the card, and said "pop that one." Resident #7 removed a pill from the bubble pack, placed it in the medicine cup, placed water in the drinking cup, and took the pill.

The medication technician did not read the medication label in the presence of the resident, as required.

During an interview with the facility manager on / at 2:30 PM, regarding the finding, he said "ok." Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on observations, record review, and interviews, the facility failed to ensure staff were qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience and allowed unlicensed staff to make a judgement as to whether or not a medication would be given to 1 of 2 (#7) sampled residents.

On / at 12:45 PM, the unlicensed medication technician checked the (B/P) of resident #7. She then placed a drinking cup and a medicine cup on the counter. She handed a medication bubble pack to resident #7, pointed to the card and said "pop that one." Resident #7 removed a pill from the bubble pack and placed it in the medicine cup. He placed water in the drinking cup and took the pill.

Review of the 2017 Medication Observation Record (MOR) for resident #7 revealed an entry for 50 milligrams (mg) by mouth three times a day, hold for B/P less than .

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On / / at 1:00 PM, the medication technician said she checked the B/P for resident #7 before she gave him the , and she would not give it if his B/P was less than .

Administration of the , to resident #7 required judgment based on the | reading, which could only be done by a licensed person.

During an interview with the facility manager on / / at 2:30 PM, regarding the findings, he said "ok."

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on personnel record review and interview the manager/assistant administrator (A) failed to have evidence of 12 hours of continuing education in topics related to Assisted Living every 2 years.
Findings:
Personnel record review on for staff #A (the manager/assistant administrator) revealed there was no documentation to confirm he had completed 12 hours of continuing education in topics related to Assisted Living every 2 years.
In an interview on / at approximately 2:30 PM with the manager, who stated he did not attend continuing education classes and did not have the 12 hours of continuing education because he did not know it was a requirement for the manager.
Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on personnel record review and interview the facility did not provide or arrange for 1 of 4 sampled staff (A) to attend an in-service training regarding the facility's resident elopement policies and procedures.

Findings:

Personnel record review for staff #A, the manager/co-owner revealed no evidence to confirm he received an in-service training regarding the facility's resident elopement policies and procedures.

In an interview on / at approximately 2:30 PM with the manager, who stated he could not understand why the certificate of training was not in his personnel record, as he was sure he attended the in-service.
Class III

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0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on interview and record review, the facility failed to maintain an adverse incident report and failed to provide a preliminary adverse incident report to the agency within 1 business day and a full report to the agency within 15 days of an event that was reported to law enforcement for 1 of 2 sampled residents (#6.)

Findings:

During an interview with staff B, a caregiver, on / at 11:23 AM, she said there was a time when resident #6 "Went home. When I missed him at 2:00 PM, I called the police. They tried to locate him but they could not find him. He did not sign the book like he is supposed to. He came back on his own. He came back in the night."

Record review for resident #6 revealed a progress note dated / at 2:20 PM that read staff B discovered the resident was not at the facility and she called 911. The police responded to the facility and assisted with the search.

Continued review revealed a progress note dated / at 1:35 AM that read the resident was brought back to the facility by a relative.

During an interview with the facility manager on / at 1:09 PM, he confirmed law enforcement was notified because the staff could not locate resident #6. He said the facility did not complete an adverse incident report or submit a report to the Agency because "I didn't think one had to be done since he came back to the facility."

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility failed to ensure resident contracts had all the required information for 1 of 2 resident contracts reviewed (#6.)
Findings:
Record review for resident #6 revealed a contract dated /.

The review revealed the contract did not contain the following required information:

A provision that residents must be assessed upon admission and every 3 years thereafter, or after a

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significant change.

During an interview with the facility manager on 1/ at 1:10 PM, he confirmed the finding and said "I guess I'll have to do an addendum to the contract."

Class