RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Ashton Palms
36 West Esther Street
Orlando, FL 32806

RE: CCR #2016013164

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.

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

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

XG90

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965761	01/19/2017
NAME OF PROVIDER OR SUPPLIER **ASHTON PALMS**	STREET ADDRESS, CITY, STATE, ZIP CODE **36 WEST ESTHER STREET** **ORLANDO, FL 32806**	

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

0000 - Initial Comments

A complaint investigation (CCR# 2016013164) was conducted on 01/19/2017. Ashton Palms (license #1096) had deficiencies at the time of the visit.

0160 - Records - Facility - 58A-5.024(1) FAC

Based on the Admission/Discharge log review and interview, the facility failed to ensure an accurate and up-to-date log was maintained for 1 of 4 sampled residents.

Findings:

Review of the facility's admission/discharge log revealed resident #3 had an admission date of / . No discharge date was listed in the log.

In an interview on / at 11:30AM, the administrator stated resident #3 went to the hospital on / and never returned to the facility. She further stated she forgot to put a discharge date on the log.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on staff schedule review and interview, the facility failed to maintain 6 months of staff schedules on file for review.

Findings:

Review of the facility's schedules from 2016 to 2017, revealed that schedules for every week were not kept in file.

In an interview with the administrator on / / at 12:00PM, she stated that she's not sure where she put all of the previous schedules.

Class III