| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965761** | **09/05/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**ASHTON PALMS** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**36 WEST ESTHER STREET**<br>**ORLANDO, FL 32806** | |

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

**0000 - Initial Comments**

-AMENDED STATE FORM TO DELETE TAG Z821.
**********

A re-licensure survey was conducted on . Ashton Palms Assisted Living (License# 10096) with Limited Mental Health (LMH) had deficiencies at the time of the visit.

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

Based on medication pass observation and interview, the facility's unlicensed staff D failed to follow the correct procedure when assisting with self-administration of medications for resident #1 according to 429.256(3) Florida Statutes.

Findings:

Observation of the medication pass for resident #1 at 9 AM, staff D poured the following medications into a white small Dixie cup: 150mg, 10mg, XL 5mg, Tart 25mg, 500mg, 300mg, 50mg, D3 2000 IU, 15mg, 150mg, 10mg, 81mg, 60mg, 5mg, 4mg, Oyster shell D, DR 250mg, and 70mg. Staff D proceeded to hand the white Dixie cup to resident #1.

Staff D did not take the medication, in its previously dispensed, properly labeled container, from where it is stored and bring it to the resident, in the presence of the resident read the label aloud, open the container and remove the prescribed amount of medication from the container and close the container.

During an interview on at 9:15 AM with staff D (Administrator), who stated she was not aware the staff did not follow the correct procedures for assistance with self-administration of medication. The administrator confirmed the above findings.

Class III

**0162 - Records - Resident - 58A-5.024(3) FAC**

Based on resident record review and interview, the facility failed to maintain a weight record for 1 of 4 sampled residents (#1) who require assistance with activities of daily living (ADLs) pursuant to 58A-5.024(3) Florida Administrative Code.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Findings:

Resident #1's record review revealed a AHCA Form 1823 Health Assessment dated that documented the resident needed assistance with bathing. Further review revealed there was no record of the resident's weight being recorded every six months as required.

On at 1 PM, an interview with the Administrator who confirmed the findings.

Class III