STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965858	**10/10/2017**
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 biennial survey was conducted through at Aston Gardens At Pelican Marsh LLC (license #: 10175) an assisted living facility located in Naples, Florida.

The following is description of the deficiency.

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

Based on observation and interview Staff D failed to properly assist Resident #13 with medication assistance.

The findings included:

During medication pass review on at 8:46 a.m., Staff D gave Resident #13 her medications and let the resident take the medications to her take.

Interview on at 9:00 a.m., Staff D said the resident has always done that since she has been here. When asked if the resident has a waiver in her record that the resident could do that, she responded, "no." When asked about the parameters on the medication, Staff D answered the nurse usually interprets them.

During an observation on at 8:46 a.m., no one interpreted the vital signs values. Staff D said to the resident, "Good, you can have your meds." and gave them to the resident to take without having a nurse interpret the vital signs.

Class III