STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968609	**03/06/2018**
NAME OF PROVIDER OR SUPPLIER **ASHLEY MANOR INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3815 NW 10TH STREET** **DELRAY BEACH, FL 33445**	

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

0000 - Initial Comments

An unannounced Standard Relicensure survey was conducted on [redacted] at Ashley Manor, License # 12499. The facility had deficiencies at time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on interview and record review, the facility failed to ensure that the Initial Florida Health Assessment (Form 1823) is accurate and complete for 1 of 2 Resident reviewed (Resident # 5).

The findings included:

On [redacted] a review of the medical record for Resident # 5 was conducted. Resident # 5 is a female admitted into the facility in of 2017. She suffers from .

The Initial Florida Health Assessment Form (Form 1823), revealed the following sections regarding the Resident's physical and status was left blank by the Provider: Physical or sensory limitations, or behavioral status, and Special precautions. The 1823 form also reveals that the Medical Certification section is incomplete, without the following information: Name of examiner, Address of Examiner and the Date of the examination shows: . The Examination date is altered. The # 9 in the month has been changed to a # 6. There are no initials on this entry to indicate an error was made in the first entry.

On an interview was conducted with the Assistant Administrator. She acknowledged the findings.

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation, interview and record review, the facility failed to ensure that scheduled activities are conducted at least 6 days a week for a minimum of 12 hours per week, for 5 of 5 Residents (Residents # 1, # 2, # 3, # 4 and # 5).

The findings included:

On a review of the facility activity calendar was conducted. The activity calendar revealed

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968609	03/06/2018
NAME OF PROVIDER OR SUPPLIER **ASHLEY MANOR INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3815 NW 10TH STREET** **DELRAY BEACH, FL 33445**	

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

that activities were scheduled for Monday and Friday. The activity for Monday indicates Arts and Crafts to be conducted 4 times on Monday. The calendar shows a sing-a-long 4 times on Friday. The time of the activities are missing. The calendar does not reflect any activity taking place on Sunday, Tuesday, Wednesday, Thursday and Saturday.

On [redacted] at 10:30 AM, an interview was conducted with the Activities Coordinator. She stated she was not an employee of the facility. She stated she only comes to the facility on Tuesday's for 45 minutes to conduct arts and crafts with the Residents.

On [redacted] at 2:00 PM, an interview was conducted with Staff A. She stated she is the only Staff Member on duty for 24 hours. She stated she is so busy that she does not have time to conduct activities with the Residents. She confirmed that the Activities Director usually visits once a week. She says normally, the Activities Director visits on Monday.

On [redacted] at 3:00 PM, an interview was conducted with the Assistant Administrator. She acknowledged the findings.

Class III

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

Based on observation, interview, and record review it was determined the facility failed to assist a resident with the self-administration of medication in accordance with procedures described in Section 429.256, Florida Statutes (F.S.), specifically related to failure to read the medication label in the presence of the resident, for 1 of 5 sampled resident's (Resident #1).

The findings include:

During a medication-pass observation conducted with Staff A at 12:12 PM on [redacted], while providing assistance with the self- administration of medication to Resident # 1, Staff A did not read the medication label of the noon medication in the presence of Resident # 1 as required.

These findings were acknowledged by the Assistant, Administrator during interview on [redacted] at 4:00 PM. The facility provided no additional information for review at this time.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968609	**03/06/2018**
NAME OF PROVIDER OR SUPPLIER **ASHLEY MANOR INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3815 NW 10TH STREET** **DELRAY BEACH, FL 33445**	

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

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on observation, interviews, and record review, the facility failed to maintain a personnel file containing a copy of a high school diploma or equivalent for sampled member (Administrator).

The findings included:

The personnel file for the Administrator was reviewed for documentation of a high school diploma for compliance determination. There was no high school diploma on file for the Administrator. An employee record review of the Administrator's personnel file was conducted at 12:46 PM. The high school diploma was not in the Administrator's personnel file.

During an interview with the Assistant Administrator at 4:00 PM on , she acknowledged these findings.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on interviews and record reviews, the facility failed to ensure that the Staff who have completed courses in First Aid and , , ( ) maintain a current certification for 1 of 3 employee personnel records reviewed (Staff A).

The findings included:

On , an employee personnel record was reviewed for Staff A. Staff A, is an unlicensed staff member. She was hired on as a Home Health Aide (HHA). She provides direct care to the Residents of the facility. She works alone on the 07:00 AM - 07:00 AM shift (24 hours) on Monday, Tuesday, Wednesday and Thursday. The First Aid certificate was valid from - .

On at 03:00 PM, an interview was conducted with the Assistant Administrator. She acknowledged the findings.

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, interview and record review, the facility failed to maintain a 4-week menu cycle.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968609	**03/06/2018**
NAME OF PROVIDER OR SUPPLIER **ASHLEY MANOR INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3815 NW 10TH STREET** **DELRAY BEACH, FL 33445**	

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

The facility failed to ensure that menus were dated and planned at least one week in advance for 5 of 5 sampled Residents observed (Residents # 1 - # 5). The facility failed to ensure that a 3-day emergency supply of water be maintained in the facility.

The findings included:

On at 12:00 PM, an observation was made of the lunch dining meal. All of the Residents residing in the facility were seated at the table at this time. The following menu was being served: Baked Chicken, Scallop Potato, Tomato, Mixed Salad and Salad Dressing. This menu was selected from Cycle 2, dated - .

A review of the 4-week menu cycle revealed the following:
Cycle 1: Sunday - Saturday (7 days) dated - .
Cycle 2: Sunday - Saturday (7 days) dated - .
Cycle 3: Sunday - Saturday (7 days) date shown .
;
On at 12:30 PM, an interview was conducted with Staff A. She stated, since the Administrator was not on-site; she could not produce anymore menus. She indicated these were the only menus she could find. She stated she cooked a Tuesday menu.

On at 12:50 PM, a tour of the 3-day emergency supply storage was conducted with the Assistant Administrator. It was determined that the water supply was not present.

On at 1:00 PM, am interview was conducted with the Assistant Administrator. She acknowledged the findings.

Class III

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

Based on record review and an interview, the facility failed to maintain a personnel file containing a copy of an employment application with references and a job description furnished, for the sampled member (Administrator).

The findings included:

On at 12:46 PM, the personnel file for the Administrator was reviewed and did not contain an

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968609	03/06/2018
NAME OF PROVIDER OR SUPPLIER **ASHLEY MANOR INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3815 NW 10TH STREET** **DELRAY BEACH, FL 33445**	

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

employment application with references and a job description.

During an interview with the Assistant Administrator at 4:00 PM on , she acknowledged these findings.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview and record review, the facility failed to provide evidence of an approved Comprehensive Emergency Management Plan (CEMP) from the local emergency management agency.

The findings included:

On at 10:00 AM, an interview was conducted with Staff A, the Home Health Aide (HHA) on duty at this time. She stated the Administrator was away from the facility for the day. She stated she did not know where to locate the plan.

On at 11:30 AM, an interview was conducted with the Assistant Administrator. She stated she was only a Consultant;. She stated she did not know where to locate the CEMP.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on interview and record review, the facility failed to maintain an updated employee roster in the Background Screening Clearinghouse for 2 of 3 employees of the facility (Specifically Staff A and B).

The findings included:

On a review of the Background Screening Clearinghouse Roster revealed the Administrator as the only listed employee of the facility.

On , a review of the employee personnel records was conducted. The record review revealed Staff A was hired as Home Health Aide (HHA), providing direct care to Residents on . The record review further revealed Staff B was also hired as an HHA on .

On at 2:30 PM, an interview was conducted with the Assistant Administrator. She

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968609	**03/06/2018**
NAME OF PROVIDER OR SUPPLIER **ASHLEY MANOR INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3815 NW 10TH STREET** **DELRAY BEACH, FL 33445**	

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

acknowledged Staff A and B were not on the Background Screening Clearing House Roster.

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and an interview, the facility failed to ensure that the Administrator who provides personal care services for residents, was not in compliance with the Level II criminal background screening requirement.

The findings include:

The personnel file for the Administrator was reviewed for documentation of compliance with the Level II criminal background screening requirement. There was no documentation of this screening on file. There was no record of a completed screening on the Agency's background screening website. A review of the Administrator's personnel file was conducted at 12:46 PM. The Level II Background Screening was not in the Administrator's personnel file. The Agency's background screening website was checked and there was no record of a completed screening for the Administrator.

During an interview with the Assistant Administrator at 4:00 PM on , she acknowledged these findings. The facility provided no additional information for review at this time.

Class III