

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969015	(X3) DATE SURVEY COMPLETED 06/01/2018
NAME OF PROVIDER OR SUPPLIER WALTON PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 501 S WALTON AVE TARPON SPRINGS, FL 34689	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint investigation (CCR 2018004824, 2018005133, 2018006859, and 2018007111) was conducted at Walton Place from _____ in conjunction with a revisit to _____ complaint CCR 2018003226 and a biennial survey. Walton Place had deficiencies at the time of the investigation. (License #12859) 0076 - () - 58A-5.0186 FAC Based on record review and interview, the facility failed to have an executed _____ () readily available to staff during a medical emergency. Findings included: Documentation was reviewed from Resident #5's closed record. A handwritten statement from Staff R (photographic evidence obtained) indicated that staff entered the resident's _____ 4:42 AM on _____ and found them to be unresponsive. Staff R began _____ () on the resident at 4:43 AM. It stated that paramedics arrived at 4:45 AM, _____ stopped, and the paramedics were provided with a copy of the resident's _____. The document stated that the paramedics honored the resident's _____. A review of Resident #5's closed record showed a _____, on yellow paper, dated _____ and signed by the resident's power of attorney (photographic evidence obtained). A review of Resident #5's "Face Sheet" with a print date of _____ and the code status (the level of medical interventions a patient wishes to have started if their _____ or breathing stops) showed _____ (photographic evidence obtained). An interview was conducted with the Resident Care Director at 2:43 PM on _____ and they acknowledged that Staff R conducted _____ on Resident #5 on _____. The Resident Care Director stated that, at the point staff found the resident unresponsive, there was no indicator in the resident's they had a _____. The Resident Care Director stated that they assumed that Staff R just went in to action. Class III		