

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942983	(X3) DATE SURVEY COMPLETED 07/02/2018
NAME OF PROVIDER OR SUPPLIER AIDEN SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 5520 HOWELL BRANCH ROAD WINTER PARK, FL 32792	

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

0000 - Initial Comments

A Complaint Investigation #2018003761 was conducted on [redacted] and [redacted] Aiden Springs Assisted Living Facility (License# 8419) had deficiencies at the time of the visit.

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

Based on record review and interview, the facility failed to ensure a complete and accurate AHCA form 1823 Health Assessment for 1 of 8 sampled residents (#4) as required by the healthcare provider.

Findings:

Resident #4's record review revealed an incomplete 1823 Health Assessment dated [redacted]. There was no documentation of known [redacted]; height and weight on page one.

On [redacted] at 5:45 PM, an interview with the Administrator designee who confirmed the finding.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on resident record review and interview, the facility failed to follow the physician orders for a change of medications for 2 of 8 sampled resident (#3 and #8) who receives assistance with self-administration of medications by an unlicensed staff,.

Findings:

1. Resident #3's record review revealed a physician's order dated [redacted] to discontinue medication [redacted] mg [redacted] 3 times day and to begin medication [redacted] mg [redacted] every 8 hours, 3 times daily 8 AM, 4 PM, and 12 AM (midnight).

Further review revealed resident #3's [redacted] 2018 Medication Observation Record (MORs) revealed incorrect dose documented of [redacted] mg [redacted] at 8 AM, 12 PM (noon) and 5 PM.

2. Record review for resident #8 revealed the healthcare provider changed an order on [redacted] from [redacted] 125 mcg, to [redacted] 137 mcg. Further review of the [redacted] 2018 MORs still documented the discontinued [redacted] 125mcg.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942983	(X3) DATE SURVEY COMPLETED 07/02/2018
NAME OF PROVIDER OR SUPPLIER AIDEN SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 5520 HOWELL BRANCH ROAD WINTER PARK, FL 32792	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Class III 0054 - Medication - Records - 58A-5.0185(5) FAC Based on Medication Observation Record (MORs) review and interview, the facility failed to document a daily medication observation log for 1 of 8 sampled residents (#3) as required. Findings: Resident #3's 2018 MOR revealed missing initials for medication , - , on for the 5 PM dose. On at 12 PM, an interview with resident #3 who confirmed that staff H gave him his at 5 PM on yesterday evening . On at 6 PM, an interview with unlicensed direct care staff H who confirmed that she gave the medication to resident #3 but forgot to sign off on the MORs. On at 7:30 PM, an interview with the Administrator designee (staff D) who confirmed the finding. Class III 0079 - Staffing Standards - Levels - 58A-5.019(3) FAC Based on review of the staff work schedule and interview, the facility failed to maintain a written work schedule that reflects the 24 hour staffing pattern for a given time period. Findings: On at 4 PM, the facility's work schedule was reviewed and revealed no written dates for the week or month in use for direct care staff. The staff schedule provided only listed names and time of shift pattern only but no written current work week of - or written month . 2018.		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942983	(X3) DATE SURVEY COMPLETED 07/02/2018
NAME OF PROVIDER OR SUPPLIER AIDEN SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 5520 HOWELL BRANCH ROAD WINTER PARK, FL 32792	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
On 7/2/2018 at 5:45 PM, a telephone interview with the Administrator and Administrator designee who confirmed the finding. Class 0081 - Training - Staff In-Service - 58A-5.0191(2) FAC Based on personnel record review and interview, the facility failed to ensure that 1 of 8 sampled staff (A) completed the required in-service training within 30 days of employment. Findings: Staff A's personnel record review revealed a hire date of 7/2/2018. There was no documentation staff A received the 1 hour in-service training for emergency procedures including chain-of command and elopement training. On 7/2/2018 at 5:45 PM, an interview with the Administrator designee who confirmed the finding. Class III 0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC Based on observation, record review and interview, the facility failed to maintain a list of 7 of 8 sampled residents (#1, #2, #3, #5, #6, #7 and #8) who are on a therapeutic diet, have food _____ or are on special diets as ordered by the healthcare provider. Findings: During observations on 7/2/2018 at 12:45 PM and 3 PM, there was no list of residents who received a therapeutic diet or had known food _____ posted in the kitchen. Resident #1's record review revealed an 1823 Health Assessment dated _____ documenting a carb controlled and low _____ diet by the healthcare provider. Resident #2's record review revealed an 1823 Health Assessment dated _____ documenting a _____ diet by the healthcare provider. Resident #3's record review revealed an 1823 Health Assessment dated _____ documenting a low		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942983	(X3) DATE SURVEY COMPLETED 07/02/2018
NAME OF PROVIDER OR SUPPLIER AIDEN SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 5520 HOWELL BRANCH ROAD WINTER PARK, FL 32792	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
sugar diet and food of by the healthcare provider. Resident #5's record review revealed an 1823 Health Assessment dated documenting a controlled diet by the healthcare provider. Resident #6's record review revealed an 1823 Health Assessment dated documenting no salt diet by the healthcare provider. Resident #7's record review revealed an 1823 Health Assessment dated documenting a moderate carb controlled diet 45-60 grams by the healthcare provider. On , Resident #8's record review revealed an 1823 Health Assessment dated documenting a no salt added and low fat/ diet by the healthcare provider. On at 6:30 PM, a telephone interview with the Administrator and Administrator designee who confirmed the finding. Class III 0162 - Records - Resident - 58A-5.024(3) FAC Based on observation and interview, the facility failed to maintain resident's record and documentation on the premises, available to review for 1 of 8 sampled residents (#8) as required. Findings: Observation on at 4:45 PM, resident #8 record was not at the facility or not available to review on the premises. On at 5 PM, an interview with the Administrator's designee who stated she looked everywhere in the facility and was not able to locate resident #8's record and will call the Administrator on the telephone. On at 6:30 PM, a telephone interview with the Administrator who confirmed the resident #8's record was not in the facility premises but located at a outside storage facility. Class III		