

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969015	(X3) DATE SURVEY COMPLETED R 08/01/2018
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 Revisit to the 6/1/18 Biennial Survey was conducted at Walton Place on 8/1/18 in conjunction with a 2nd Revisit to 3/29/18 and 5/31/18 Complaint (CCR 2018003226), a Complaint Investigation (CCR 2018008060), and a Revisit to a 6/1/18 Complaint (CCR 2018007111, 2018006859, 2018005133, and 2018004824). Walton Place had deficiencies at the time of the visit.

(License #12859)

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

Based on record review and interview, the Facility failed to obtain completed Agency for Health Care Administration health assessments on Form 1823 (AHCA 1823) for nine Residents (#2, #6, #7, #10, #13, #14, #15, #16, and #17) of thirteen sampled residents.

Finding Included:

A record review for Resident #2, conducted on _____, revealed that Resident #2's AHCA 1823 had no date of the examination. Resident #2's AHCA 1823 was also missing the following required data: height (page 1), list of medications, and no services offered by the Facility (identified in Sections 1 and 2) that Resident #2 required, listed on page five. Resident #2 required assistance with ambulation, bathing, dressing, eating, _____, toileting, transferring, and with medications.

A record review for Resident #6, conducted on _____, revealed that Resident #6's AHCA 1823 had an unreadable date of the examination. Resident #6, admitted to the Facility on _____, did not have the 2017 required AHCA 1823 Form in the resident's record.

A record review for Resident #7, conducted on _____, revealed that Resident #7's AHCA 1823 had no date of the examination. According to the AHCA 1823, Resident #7 needed medication administration. Resident #7's Medication Observation Records from _____ 2018 through _____, 2018 indicated that unlicensed facility Medication Technicians signed for all medications Resident #7 received while residing at the Facility. There were no services offered by the Facility (identified in Sections 1 and 2) that Resident #7 required, listed on page five. Resident #7 was admitted into the Facility on _____.

A record review for Resident #10, conducted on _____, revealed that Resident #10's AHCA 1823

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dated did not have any services offered by the Facility (identified in Sections 1 and 2) that Resident #10 required, listed on page five. Resident #10 required Physical and Occupational Therapies. Resident #10 required assistance with ambulation, bathing, dressing, , toileting, transferring, and medications. Resident #10 required a diet of low fat and low . Resident #10 was admitted into the Facility on . A record review for Resident #13, conducted on , revealed that Resident #13's AHCA 1823 dated was not on the required 2017 form. There were no services offered by the Facility (identified in Sections 1 and 2) that Resident #13 required, listed on page five. Resident #13 required assistance with ambulation, dressing, bathing, toileting, transferring, and medications. Resident #13 admitted into the Facility on . A record review for Resident #14, conducted on , revealed that Resident #14's AHCA 1823 dated did not have any services offered by the Facility (identified in Sections 1 and 2) that Resident #14 required, listed on page five. Resident #14 admitted into the Facility on . Per the AHCA 1823, Resident #14 was an elopement and risk. Resident #14 required supervision with eating, assistance with dressing and medications, and total care with bathing, , and toileting. A record review for Resident #15, conducted on , revealed that Resident #15's AHCA 1823 dated did not have any services offered by the Facility (identified in Sections 1 and 2) that Resident #15 required, listed on page five. Per review of the AHCA 1823, Resident #15 was forgetful and needed supervision with ambulation, bathing, dressing, eating, , toileting, and transferring. Resident #15 required Physical and Occupational Therapies. A record review for Resident #16, conducted on , revealed that Resident #16's AHCA 1823 dated was not the required 2017 form. There were no services offered by the Facility (identified in Sections 1 and 2) that Resident #16 required, listed on page five. Resident #16 had and was a risk required assistance with ambulation, bathing, dressing, eating, , toileting, transferring, and medications. Resident #16 had a dental soft diet and no straws ordered. Resident #16 was admitted into the Facility on . A record review for Resident #17, conducted on , revealed that Resident #17's AHCA 1823 did not have a date of the examination. There were no services offered by the Facility (identified in Sections 1 and 2) that Resident #17 required, listed on page five. Resident #17 had and was an elopement risk. Resident #17 required supervision with ambulation and transferring and assistance with bathing, dressing, eating, , toileting, and medications. Resident #17 had a Mechanical Soft Diet. Resident #17 was admitted into the Facility on .		

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During an interview with the Resident Care Director, conducted on at 05:30pm, the Resident Care Director examined AHCA 1823s for Residents #2, #6, #7, #10, #13, #14, #15, #16, and #17. The Resident Care Director acknowledged and confirmed the missing required data and the incorrect AHCA 1823 forms used. The Resident Care Director confirmed that the Facility only employs unlicensed Medication Technicians to pass medications. The Resident Care Director is the only licensed nurse employed with the Facility.

Class III

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the Facility failed to:

1. Obtain a completed Agency for Health Care Administration Form 1823 (AHCA 1823) for residents who experienced a significant change (admission to Hospice services) for three Hospice Residents (#8, #9, and #11); and,
2. Obtain an Interdisciplinary Care Plan specifying those care and services provided by Hospice and those provided by the Facility and agreed upon by Hospice, Facility, and Resident (or Responsible Party) for one Hospice Resident (#11) of three sampled Hospice residents.

Findings Included:

A record review for Resident #8, conducted on, revealed that the Facility did not obtain a new AHCA 1823 when Resident #8 had a decline in condition that necessitated admission to Hospice services on, The required Hospice nursing services were not listed on page one of Resident #8's AHCA 1823. There were no services offered by the Facility (identified in Sections 1 and 2), that Resident #8 required, listed on page five of the AHCA 1823.

A record review for Resident #9, conducted on, revealed that the Facility did not obtain a completed AHCA 1823 when Resident #9 had a decline in condition that necessitated admission to Hospice services on, Resident #9's AHCA 1823 was missing the following required data:

1. Facility name, address, and phone number on page one;
2. Contact person on page one;
3. Diet;
4. Required Hospice nursing services on page one; and,
5. There were no services offered by the Facility (identified in Sections 1 and 2), that Resident #9 required, listed on page five of the AHCA 1823.

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A record review for Resident #11, conducted on, revealed that the Facility did not obtain a new AHCA 1823 when Resident #11 had a decline in condition that necessitated admission to Hospice services on Resident #11's AHCA 1823 was the 2010 form and not the required 2017 form. The required Hospice nursing services was not listed on page one of Resident #11 AHCA 1823. There were no services offered by the Facility (identified in Sections 1 and 2), that Resident #11 required, listed on page five of the AHCA 1823. Resident #11 did not have an interdisciplinary care plan, specifying those services provided by Hospice and those services provided by the Facility and agreed upon by Hospice, the Facility, and Resident #11 (or Responsible Party). During an interview with the Resident Care Director, conducted on at 05:30pm, the Resident Care Director acknowledged and confirmed that the Facility did not obtain completed or new AHCA 1823s for Residents #8, #9, and #11. The Resident Care Director acknowledged and confirmed that Resident #11 did not have an interdisciplinary care plan in Resident #11 record. No other information or documents were provided at the time of survey. Class III 0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC Based on observation, interview, and record review, the Facility failed to keep centrally stored medications locked and secured at all times. Findings Included: Observation of a medication review with Staff A, conducted on at 12:11pm, revealed that Staff A left a medication cart with centrally stored medication for multiple residents on the Memory Care Unit unlocked and unattended. Staff A, after giving Resident #18 medication, walked away from the unlocked medication cart and went into the medication The medication was closed while Staff A was in the medication A review of the Facility's Medication Policy and Procedures, conducted on, revealed that the Facility maintained a Policy that all "medications to be kept in the medication cabinet at all times and locked" on page two. An interview with the Resident Care Director, conducted on at 03:15pm, revealed that the Resident Care Director expected that the "medication care should be locked at all times when out of		

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sight and unattended." Class III 0058 - Pharmacy & Dietary; Uncorrected Deficiencies - 429.42(1-2) FS; 58A-5.033(3)(a) FAC Based on observation and interview, the facility failed to ensure that a class III deficiency related to medications was corrected as required during a follow-up visit. Findings Included: During a follow-up to the Biennial Survey conducted on , the Facility failed to correct a previously cited Class III medication deficiency. The Facility was cited during the Revisit for observed unsecured medication storage during the survey. The facility's Resident Care Director confirmed during an interview on the date of the survey that the Facility's policy is to keep medications locked and secured. This citation serves as a notice that the Facility is required to employ or contract consultant services of a licensed pharmacist or a licensed registered nurse to provide at a minimum onsite quarterly consultation until the Agency determines that such consultation services are no longer required . Class III		