STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965761	11/20/2018
NAME OF PROVIDER OR SUPPLIER **ASHTON PALMS**	STREET ADDRESS, CITY, STATE, ZIP CODE **36 WEST ESTHER STREET** **ORLANDO, FL 32806**	

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

0000 - Initial Comments

A Complaint Investigation #2018012902 was conducted on . . . . . Ashton Palms Assisted Living Facility with Limited Mental Health (LMH), License# 10096 had deficiencies at the time of the visit.

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on personnel record review, staff work schedule review and interview, the facility failed to obtain documentation that 1 of 5 sampled unlicensed direct care staff (E) had a current valid card of First Aid and , , ( ) completed in the facility at all times by an approved training provider such as American Red Cross, American . . Association, National Safety Council.

Findings:

Staff E's personnel record review revealed date of hire . . . . . There was no documented evidence of a valid card for First Aid and . In addition, a review of the staff work schedule revealed that the unlicensed staff provide direct care to the residents. (Photographic evidence obtained)

On . . . . . at 8 PM, an interview with the Administrator confirming the finding.

Class III

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

Based on interview, the facility failed to have documentation of the Comprehensive Emergency Management Plan (CEMP) approval letter as required annually by the local emergency management agency.

Findings:

On at 8:45 PM, an interview with the Administrator who stated he did not have an approval letter from the county for his CEMP. The Administrator requested the telephone number to the Orange County Emergency Management Agency.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

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Based on interview, the facility failed to maintain a copy of its approved Emergency Power Plan (EPP) readily available for review by the Agency; and the facility failed to notify in writing each resident and the resident's legal representative within five (5) business days for submission of the plan to the local emergency management agency and that the plan had been submitted for review and approval as required.

Findings:

On , the Administrator asked to provide a copy of the Emergency Power Plan (EPP) & EPP approval letter. The Administrator answered that she did not have one. In addition, there was no documented evidence that the required letters was sent to the residents or the resident's legal representative regarding submission of the plan within 5 days to the local emergency management agency and no letters sent to residents or resident's legal representative of the EPP approval.

On at 8:45 PM, an interview with the Administrator confirmed the finding and further stated that at least she has her two generators onsite to keep her residents safe.

Class III

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on personnel record review, Background Screening (BGS) website review and interview, the facility failed to maintain a copy of the Level 2 Background Screening (BGS) eligibility results for 1 of 5 sampled staff (E) in the employee file as required.

Findings:

Staff E's personnel record review revealed date of hire . There was no copy of the Level 2 eligibility results for the Level 2 BGS in the record. Review of the BGS website on at 8:15 PM revealed eligibility on .

On at 8:30 PM, an interview with the Administrator confirmed the finding.

Unclassified

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

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Based on personnel record review, Background Screening (BGS) Clearinghouse website review and interview, the facility failed to maintain an accurate Employee Roster with ensuring that 3 of 8 sampled staff (C, D, F) were registered on the employee roster clearinghouse within 10 business days of employment status that provide direct care to the residents and 3 of 8 sampled staff (G, H, I) was removed from the Employee Roster within 10 business days of terminated employment as required.

Findings:

On at 8:17 PM, review revealed the BGS Clearinghouse Employee Roster was not accurate.

1. Review of the employee Roster revealed that staff C hired was not listed on the roster.

On at 8:17 PM review of the BGS website revealed no result for this individual in the database.

2. Review of the employee roster revealed that staff D hired was not listed on the roster.

On at 8:17 PM review of the BGS website revealed no result for this individual in the database.

3. Review of the employee Roster revealed that staff F hired was not listed on the roster.

On at 12:26 pm review of the BGS website revealed staff F is not eligible to work in the facility.

4. Staff G, H, and I were on the Employee Roster but no longer worked at the facility.

On at 8:30 PM, an interview with the Administrator confirmed that staff C, D and F provided direct care to the residents and stated staff G, H and I no longer were employed with the facility.

Unclassified

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

Based on observation, personnel record review, Background Screening (BGS) website review, and interview, the facility failed to conduct a Level 2 Background Screening (BGS) for 2 of 5 sampled staff (C

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&, D) as required pursuant to Chapter 435 Florida Statutes.

Findings:

1. Staff C's personnel record review revealed hire date as a maintenance staff. There was no documented evidence that a Level 2 BGS screening was conducted. Observation on at 7 PM noted staff C was working directly in the resident's living spaces and he was included on the staff work schedule. (Photographic evidence obtained)

On at 8:17 PM review of the BGS website revealed no result for this individual in the database.

2. Staff D's personnel record review revealed hire date as a caregiver staff. There was no documented evidence that a Level 2 BGS screening wad conducted. Staff D was listed on the work schedule. (Photographic evidence obtained).

On at 8:17 PM review of the BGS website revealed no result for this individual in the database.

On at 8:30 PM, an interview with the Administrator confirmed the findings.

Unclassified