STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965761	06/24/2019
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 re-licensure survey was conducted at Ashton Palms on . Deficiencies were identified at the time of the survey.

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observations, record review, and interview, the facility failed to ensure the unlicensed caregiver (A) followed the correct procedures when assisting a resident (#7) with self-administered medications.

Findings:

Observations made during a medication pass for resident #7 on at 9:39 AM revealed unlicensed caregiver A unlocked medication cart in the TV room and removed 2 cards for resident #7. The resident had come to the cart for his medications and brought a glass of milk with him. Staff A said, "This is your " and put one pill in a small cup and signed the MOR. She then attempted to say the name of the next medication, but the resident said it perfectly for her. She placed one pill in the same cup and signed the MOR. She handed the cup to the resident, who went to a chair by the TV and took the pills one at a time. Staff A watched him take the pills but had already signed the MOR. Staff A relocked the med cart.

On at 9:45AM, Staff A confirmed she did not read the full label to the resident, and she had signed the MOR prior to the resident taking the medication.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on personnel record review and interview the facility failed to obtain an annual statement from a licensed health care provider documenting freedom from ( ) for 3 of 3 sampled staff (A, B, C).

Findings:

Review of the personnel records for staff A (caregiver hired), staff B, (caregiver hired) and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965761	06/24/2019
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)

staff C (administrator/owner) revealed the last documentation of freedom from was dated for all 3 employees. There were no statements for staff A, B or C in the last 12 months.

On at 3:15PM, the administrator confirmed the findings and said they all get them at the same time every year and she must have missed that a year had passed already.

Class III

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on personnel record review and interview the facility failed to ensure all required in-service training was completed within 30 days of hire for 3 of 3 sampled staff (A, B & C).

Findings:

Review of the personnel records for staff A (caregiver hired) and staff B, (caregiver hired) each revealed a certificate for Activities of Daily Living training dated which was for 2 hours. The required training is a 3-hour class. No other training certificates were available for review.

Review of the personnel record for staff C, the administrator/owner, did not reveal any documentation she had completed the control training or 3-hour training for Activities of Daily Living. Staff C does provide direct care and is listed on the staff schedule.

On at 3:15PM, the administrator confirmed the findings and said she had been reorganizing the files. She confirmed she was unable to provide any other documents of the training.

Class III

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

Based on observation, dietary record review and interview the facility failed to maintain a 6-month record of substitutions made to the menu and failed to ensure a 3-day supply of water was available for use in an emergency.

Findings:

Review of the menu posted for found the lunch was Salisbury steak, rice or potato, carrots, mixed salad with and ice cream. The lunch served was sausage, egg and cheese on a

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965761	**06/24/2019**
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)

croissant, a pot sticker and green beans, with ice cream for dessert.

When asked about the substitution, staff A stated they served the Salisbury steak on .

Review of the substitution log showed the lunch substitutions for were noted prior to the meal being served. There were no substitutions noted for the previous day, .

The facility had a census of 11 residents on the date of the survey. The requirement for the emergency water supply for 3 days is 33 gallons.

Observation of the emergency food and water supply revealed the facility had a total of 4.25 gallons of water available for use in the event of an emergency.

On at 2:15PM, the administrator confirmed the findings.

Class III

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

Based on facility record review and interview, the facility failed to obtain approval for their comprehensive emergency management plan (CEMP) by the county Office of Emergency Management (OEM) as required by 58A-5.026(2) FAC.

Findings:

Upon request to review the approval letter for the facility CEMP, it was revealed the facility had not yet received an approval.

On at 3:45PM, the administrator said they submitted the plan to the county but did not have an approval letter.

Class III

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

Based on Agency background screen website review, personnel record review and interview, the facility failed to maintain the current employment status of employees within the Agency's Background

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965761	**06/24/2019**
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)

Screening Clearinghouse for 2 of 4 staff employees (Staff B, D).

Findings:

Review of the facility staff schedule for revealed staff B, caregiver hired , was scheduled to work the 11pm-7am shift on and . Further review did not find staff D listed on the schedule.

Review of the facility's employee roster on the Agency's Background Screening Clearinghouse website for the facility revealed Staff B was listed with an end date of . Staff D was listed with a hire date of and no end date.

On at 1:30PM, the administrator confirmed staff B was still employed and staff D no longer worked there.

Unclassified