

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11911229</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/07/2019</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**WESTMINSTER WINTER PARK**

**1111 S. LAKEMONT AVENUE  
WINTER PARK, FL 32792**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| CZ814<br>SS=C            | <p>435.12(2)(b-d), FS Background Screening Clearinghouse</p> <p>435.12(2) Care Provider Background Screening Clearinghouse.-</p> <p>(b) Until such time as the _____ are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency.</p> <p>(c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days.</p> <p>(d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic _____ submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; _____; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number.</p> <p>This Statute or Rule is not met as evidenced by: Based on review of the facility's online background clearinghouse employee roster, personnel record reviews, and interview, the facility failed to update the employment status for 2 of 5 sampled staff (A and E) within 10 business days of a change.</p> | CZ814               |                                                                                                                          |                          |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| CZ814                    | Continued From page 1<br><br>Findings:<br><br>Review of the facility's online background clearinghouse employee roster on 10/07/2019 at 11:35 a.m. revealed staff E, the assisted living coordinator, was not listed. Review of her personnel record did not reveal a hire date.<br><br>At 1:10 p.m. staff E confirmed the findings on the roster and said she was hired on 10/07/2019.<br><br>Caregiver A was hired on 10/07/2019. Review of the background roster at 2:15 p.m. revealed she was not listed. The administrator confirmed the findings and it was realized that she was listed on the facility's nursing home roster.<br><br>Photographic evidence obtained.<br><br>Unclassified                                               | CZ814               |                                                                                                                          |                          |
| CZ816<br>SS=C            | 408.809(2)(a-c); 59A-35.090(2)(d)-(3)<br>Background Screening-Compliance Attestation<br><br>408.809<br>(2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's fingerprints to the Federal Bureau of Investigation for a national criminal history record check unless the person's fingerprints are enrolled in the Federal | CZ816               |                                                                                                                          |                          |

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| CZ816                    | Continued From page 2<br><br>Bureau of Investigation's national retained print notification program. If the _____ of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit _____ electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the _____ to the Federal Bureau of Investigation for a national criminal history record check. The _____ shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person _____. Until a specified agency is fully implemented in the clearinghouse created under s. 435.12, the agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the agency, the Department of Health, the Department of Elderly Affairs, the Agency for Persons with _____, the Department of Children and Families, or the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that:<br>(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;<br>(b) The person subject to screening has not had a break in service from a position that requires | CZ816               |                                                                                                                          |                          |

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| CZ816                                                              | <p>Continued From page 3</p> <p>level 2 screening for more than 90 days; and<br/>(c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.</p> <p>59A-35.090(2) Processing Screening Requests, Required Documents and Fees.<br/>(d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, _____, herein incorporated by reference, available at <a href="http://www.flrules.org/Gateway/reference.asp?No=Ref-09106">http://www.flrules.org/Gateway/reference.asp?No=Ref-09106</a>, and available from the Agency for Health Care Administration at: <a href="http://ahca.myflorida.com/MCHQ/Central_Service/s/Background_Screening/Regulations_Forms.shtm">http://ahca.myflorida.com/MCHQ/Central_Service/s/Background_Screening/Regulations_Forms.shtm</a>. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if _____ for any disqualifying offense.<br/>(e) An administrator or chief financial officer must be screened and qualified prior to _____ to the position.<br/>(3) Results of Screening and Notification.<br/>(a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: <a href="https://apps.ahca.myflorida.com/SingleSignOnPortal">apps.ahca.myflorida.com/SingleSignOnPortal</a>.<br/>(b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being</p> | CZ816                                                                                             |                                                                                                                          |                                                        |

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| CZ816                    | Continued From page 4<br><br>screened requesting the _____ report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with section 435.06(3), F.S.<br><br>(c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider.<br><br>This Statute or Rule is not met as evidenced by: Based on personnel record reviews and interview, the facility failed to ensure 1 of 5 sampled staff (C) completed An Attestation of Compliance with Background Screening Requirements.<br><br>Findings:<br><br>Caregiver C was hired on _____. Her personnel record did not contain an attestation of compliance with background screening requirements, as required.<br><br>On _____ at 3:10 p.m. the administrator confirmed the findings and was unable to provide additional documentation.<br><br>Unclassified | CZ816               |                                                                                                                          |                          |
| A 000                    | Initial Comments<br><br>An Extended Congregate Care (ECC) monitoring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A 000               |                                                                                                                          |                          |

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| A 000                                                              | Continued From page 5<br><br>visit was conducted at Westminster Winter Park<br>on . . . . . Deficiencies were identified<br>at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | A 000                                                                                             |                                                                                                                          |                                                        |
| A 078<br>SS=D                                                      | 59A-36.010(2) FAC Staffing Standards - Staff<br><br>(2) STAFF.<br>(a) Within 30 days after beginning employment,<br>newly hired staff must submit a written statement<br>from a health care provider documenting that the<br>individual does not have any signs or symptoms<br>of communicable . . . . . The examination<br>performed by the health care provider must have<br>been conducted no earlier than 6 months before<br>submission of the statement. Newly hired staff<br>does not include an employee transferring without<br>a break in service from one facility to another<br>when the facility is under the same management<br>or ownership.<br>1. Evidence of a negative<br>examination must be documented on an annual<br>basis. Documentation provided by the Florida<br>Department of Health or a licensed health care<br>provider certifying that there is a shortage of<br>. . . . . testing materials satisfies the annual<br>. . . . . examination requirement. An<br>individual with a positive . . . . . test must<br>submit a health care provider's statement that the<br>individual does not constitute a risk of<br><br>2. If any staff member has, or is suspected of<br>having, a communicable . . . . ., such individual<br>must be immediately removed from duties until a<br>written statement is submitted from a health care<br>provider indicating that the individual does not<br>constitute a risk of transmitting a communicable<br>. . . . .<br>(b) Staff must be qualified to perform their<br>assigned duties consistent with their level of | A 078                                                                                             |                                                                                                                          |                                                        |

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| A 078                                                              | <p>Continued From page 6</p> <p>education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter.</p> <p>(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.</p> <p>(d) An assisted living facility . . . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents.</p> <p>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:</p> <ol style="list-style-type: none"> <li>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,</li> <li>2. Maintain time sheets for all staff.</li> </ol> <p>(f) Level 2 background screening must be conducted for staff, including staff _____ by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S.</p> <p>This Statute or Rule is not met as evidenced by: Based on personnel record reviews and interview, the facility failed to ensure 1 of 5 sampled staff (B) submitted a written statement from a health care provider documenting freedom from communicable . . . . . within 30 days after beginning employment.</p> <p>Findings:</p> | A 078                                                                                             |                                                                                                                          |                                                        |

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| A 078                    | Continued From page 7<br><br>Caregiver B was hired on . Her personnel record did not contain a written statement from a health care provider documenting freedom from communicable , as required.<br><br>On at 1:25 p.m. the assisted living coordinator confirmed the findings and could not provide additional documentation.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | A 078               |                                                                                                                          |                          |
| A 086<br>SS=D            | 59A-36.011(10) FAC Training - ADRD<br><br>(10) AND RELATED ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training.<br>(a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between and shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " and Related Level I Training," must address the following subject areas:<br>1. Understanding 's and related | A 086               |                                                                                                                          |                          |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>WESTMINSTER WINTER PARK</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1111 S. LAKEMONT AVENUE<br/>WINTER PARK, FL 32792</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                           | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID<br>PREFIX<br>TAG                                                                               | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| A 086                                                              | Continued From page 8<br><br>.....;<br>2. Characteristics of .....;<br>3. Communicating with residents with ..... 's<br>.....;<br>4. Family issues;<br>5. Resident environment; and,<br>6. Ethical issues.<br>(b) Staff who have successfully completed both<br>the initial one hour and continuing three hours of<br>ADRD training pursuant to sections 400.1755,<br>429.917 and 400.6045(1), F.S., shall be<br>considered to have met the initial assisted living<br>facility ..... and Related<br>..... Level I Training.<br>(c) Facility staff who provide direct care to<br>residents with ARDR must obtain an additional 4<br>hours of training, entitled ".....<br>and Related ..... Level II Training," within 9<br>months of employment. Facility staff who meet<br>the requirements for ARDR training providers<br>under paragraph (g) of this subsection, will be<br>considered as having met this requirement.<br>..... and Related ..... Level<br>II Training must address the following subject<br>areas as they apply to these .....:<br>1. Behavior management,<br>2. Assistance with ADLs,<br>3. Activities for residents,<br>4. Stress management for the care giver; and,<br>5. Medical information.<br>(d) A detailed description of the subject areas that<br>must be included in an ARDR curriculum which<br>meets the requirements of paragraphs (a) and (b)<br>of this subsection, can be found in the document<br>"Training Guidelines for the Special Care of<br>Persons with ..... 's ..... and Related<br>.....," dated ..... incorporated by<br>reference, available from the Department of Elder<br>Affairs, 4040 Esplanade Way, Tallahassee, | A 086                                                                                             |                                                                                                                          |                                                        |

Agency for Health Care Administration

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| A 086                                                              | <p>Continued From page 9</p> <p>Florida 32399-7000.</p> <p>(e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule.</p> <p>(f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents.</p> <p>(g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and:</p> <ol style="list-style-type: none"> <li>1. Have 1 year teaching experience as an educator of caregivers for persons with _____, or related _____, or</li> <li>2. Three years of practical experience in a program providing care to persons with _____, or related _____, or</li> <li>3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with _____, or related _____.</li> </ol> <p>(h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the</p> | A 086                                                                                             |                                                                                                                          |                                                        |

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**WESTMINSTER WINTER PARK**

**1111 S. LAKEMONT AVENUE  
WINTER PARK, FL 32792**

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| A 086                    | <p>Continued From page 10</p> <p>teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g).</p> <p>This Statute or Rule is not met as evidenced by: Based on personnel record reviews and interview, the facility failed to ensure 1 of 5 sampled staff (D) obtained 4 hours of _____'s and Related _____ (ADRD) level II training within 9 months of employment.</p> <p>Findings:</p> <p>The facility has a secured memory care unit.</p> <p>Nurse D was hired on _____. Her personnel record did not contain documented evidence to indicate she obtained 4 hours of ADRD level II training, as required.</p> <p>On _____ at 2:55 p.m. the administrator confirmed the findings and was unable to provide additional documentation.</p> <p>Class III</p> | A 086               |                                                                                                                          |                          |