Agency for Health Care Administration

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11942716 | A. BUILDING: _____ B. WING _____ | 12/03/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| WESTCHESTER OF WINTER PARK | 558 N. SEMORAN BLVD. WINTER PARK, FL 32792 |

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| A 000 | Initial Comments<br><br>Complaint Investigations #2020008508, #2020009199, #2020011326, #2020014307, #2020016540 and an Control Monitoring were conducted on , 2 & 3, 2020. Westchester of Winter Park had deficiencies identified at the time of the visit. | A 000 | | |
| A 008 SS=D | 429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment<br><br>429.26<br>(5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner ' s form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident ' s admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner ' s direct observation of the patient at the time of examination and must include the patient ' s medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident ' s admission to or continued residency in the facility. The medical examination form, reflecting the resident ' s condition on the date the examination is performed, becomes a permanent part of the | A 008 | | |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| A 008 | Continued From page 1<br>facility ' s record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6.<br>(6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, | A 008 | | |

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| A 008 | Continued From page 2<br><br>Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of [illegible] require such assistance.<br><br>59A-36.006<br>(2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care provider as specified in either paragraph (a) or (b) of this subsection.<br>(a) A medical examination completed within 60 calendar days before the individual's admission to a facility pursuant to section 429.26(4), F.S. The examination must address the following:<br>1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations,<br>2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living,<br>3. Any nursing or [illegible] services required by the individual,<br>4. Any special diet required by the individual,<br>5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication,<br>6. Whether the individual has signs or symptoms of [illegible] or any other communicable [illegible], which are likely to be transmitted to other residents or staff,<br>7. A statement on the day of the examination that, in the opinion of the examining health care | A 008 | | |

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| A 008 | Continued From page 3<br>provider, the individual's needs can be met in an assisted living facility; and,<br>8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care provider. The medical examination may be conducted by a health care provider licensed under chapter 458, 459 or 464, F.S.<br>(b) A medical examination completed after the resident's admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09170. Faxed or electronic copies of the completed form are acceptable. The form must be completed as instructed.<br>1. Items on the form that have been omitted by the health care provider during the examination may be obtained by the facility either orally or in writing from the health care provider.<br>2. Omitted information must be documented in the resident's record. Information received orally must include the name of the health care provider, the name of the facility staff recording the information, and the date the information was provided.<br>3. Electronic documentation may be used in place of completing the section on AHCA Form 1823 referencing Services Offered or Arranged by the Facility for the Resident. The electronic documentation must include all of the elements described in this section of AHCA Form 1823.<br>(c) Any information required by paragraph (a), that is not contained in the medical examination report conducted before the individual's admission to the facility must be obtained by the | A 008 | | |

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| A 008 | Continued From page 4<br>administrator using AHCA Form 1823 within 30 days after admission.<br>(d) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).<br>(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of section 429.26, F.S. and this rule.<br>(f) Any orders issued by the health care provider conducting the medical examination for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility may be attached to the health assessment. A health care provider may attach a DH Form 1896, Florida [illegible] Form, for residents who do not wish [illegible] to be administered in the case of [illegible] or [illegible].<br>(g) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. | A 008 | | |

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| A 008 | Continued From page 5<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, resident record review and interview, the facility failed to ensure the health assessment (AHCA form 1823) was accurate and complete for 1 of 16 sampled resident records (#9).<br><br>Findings:<br><br>Observation of the apartment for resident #9 found the resident was not at home but the door was unlocked and ajar. Medications were observed on the desk in the room.<br><br>The resident's record reflected that resident #9 was admitted on . The 1823 assessment form, dated , five years before the resident was admitted to the facility.<br><br>On at 2:30 PM, the Wellness Coordinator confirmed the date was incorrect.<br><br>Class III | A 008 | | |
| A 052 SS=D | 429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin<br><br>429.256<br>(3) Assistance with self-administration of medication includes:<br>(a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident.<br>(b) In the presence of the resident, confirming | A 052 | | |

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| A 052 | Continued From page 6<br>that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident ' s medications or dosages change.<br>(c) Placing an oral dosage in the resident ' s or placing the dosage in another container and helping the resident by lifting the container to his or her .<br>(d) Applying , medications.<br>(e) Returning the medication container to proper storage.<br>(f) Keeping a record of when a resident receives assistance with self-administration under this section.<br>(g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the .<br>(h) Using a to perform - level checks.<br>(i) Assisting with putting on and taking off stockings.<br>(j) Assisting with applying and removing an but not with titrating the prescribed settings.<br>(k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device.<br>(l) Assisting with measuring vital signs.<br>(m) Assisting with , bags. | A 052 | | |

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| A 052 | Continued From page 7<br>(4) Assistance with self-administration does not include:<br>(a) Mixing, converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.<br>(b) The preparation of syringes for injection or the administration of medications by any injectable route.<br>(c) Administration of medications by way of a tube inserted in a of the body.<br>(d) Administration of preparations.<br>(e) The use of irrigations or debriding agents used in the treatment of a skin condition.<br>(f) Assisting with , , or preparations.<br>(g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication.<br>(h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.<br>(5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003.<br>59A-36.008<br>(3) ASSISTANCE WITH SELF-ADMINISTRATION.<br>(a) Any unlicensed person providing assistance | A 052 | | |

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| A 052 | Continued From page 8<br>with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in section 429.256, F.S. and this rule.<br>(b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed.<br>(c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container.<br>(d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record.<br>(e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:<br>1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility,<br>2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, | A 052 | | |

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| A 052 | Continued From page 9<br>3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or<br>4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.<br>(f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S.<br>1. As used in section 429.256(4)(g), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.<br>2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition.<br>(g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and interview, the facility failed to ensure staff followed regulations when assisting with self-administration of medications, and did not observe 1 resident (#8) take medications before signing the Medication Observation Record (MOR).<br><br>Findings: | A 052 | | |

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| A 052 | Continued From page 10<br><br>During an interview with resident #8 on at 10:45AM, a small cup containing several pills was observed on the resident's nightstand. When asked about the pills, resident #8 picked up the cup, poured 7 pills into her and identified each pill. She then put them all in the cup and put them on the nightstand. (photographic evidence obtained).<br><br>Resident #8's record revealed a health assessment dated which listed diagnoses including major , , and . She required assistance with self-administration of medications. Review of the medication observation record for reflected that her 9AM medications were signed as given for .<br><br>On at 12:30 PM, the administrator stated the staff were trained to observe residents take their pills and were not to leave medications for residents to take later. He confirmed the presence of the pills in a cup in the photograph.<br><br>Class III | A 052 | | |
| A 054 SS=D | 59A-36.008(5) FAC Medication - Records<br><br>(5) MEDICATION RECORDS.<br>(a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. | A 054 | | |

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| A 054 | Continued From page 11<br><br>(b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include:<br>1. The name of the resident and any known [illegible] the resident may have;<br>2. The name of the resident's health care provider and the health care provider's telephone number;<br>3. The name, strength, and directions for use of each medication; and,<br>4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.<br>(c) For medications that serve as chemical [illegible], the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on resident record review and interviews, the facility failed to ensure the Medication Observation Records (MORs) were accurate for 3 of 6 sampled residents (#3, 5 & 7).<br><br>Findings:<br><br>1. On at 12:35 PM, resident #3 stated she received assistance with her medications, but that some of them are not available from time to time.<br><br>Resident #3's record revealed a health assessment dated which included diagnoses of and [illegible]. She was noted to require assistance with | A 054 | | |

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| A 054 | Continued From page 12<br><br>self-administration of medications. Review of the MOR revealed the following medications were circled on the dates listed: , on /20, and , , on , 17, 20-22 and 24-31/20. The MOR revealed the following medications were circled on the dates listed: on , 07 and , and on , 29 and 30/20. , , , was circled for all days /20, then "DC'd" was written. There were no explanations on the side of the and MORs to indicate why the medications were not given. (photographic evidence obtained).<br><br>2. On at 10:45 AM, resident #5 stated she received assistance with her medications, but that often her medications are not available.<br><br>Review of the record for resident #5 revealed a health assessment dated which included diagnoses of , , , , and , . She was noted to require assistance with self-administration of medications. Review of the MOR revealed the following medications were circled on the dates listed: was circled on /20 for AM and PM doses, and on the and 23/20 for the PM doses; was circled on for AM and PM doses;, on /20, then marked "dc'd"; spray was circled on /20; on and 23/20; was blank on , 16, 19, 22, 26, 27, and 30/20; C was circled or blank for all days in . There was one explanation for on the of the MOR for that indicated the medication was not available. No other | A 054 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11942716 | A. BUILDING: _____ B. WING _____ | 12/03/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| WESTCHESTER OF WINTER PARK | 558 N. SEMORAN BLVD. WINTER PARK, FL 32792 |

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| A 054 | Continued From page 13<br><br>explanations were found on the side of the MOR to indicate why the medications were not given. (photographic evidence obtained).<br><br>3. On at 3:10 PM, resident #7 stated she received assistance with her medications, but that often her medications are not available.<br><br>Resident #7's record revealed a health assessment dated which included diagnoses of , and aneurysm. She was noted to require assistance with self-administration of medications. Review of the MOR revealed the following medications were circled on the dates listed: was circled on at 9 PM, at 9 AM and 1 PM, at 9 PM, and was blank on at 9 PM. No explanations were found on the side of the MOR to indicate why the medications were not given. (photographic evidence obtained).<br><br>On at 10:30 AM, the Wellness Director stated the staff tell her when medications need to be refilled. They are to tell her at 10 days before medications were no longer available. She said she was not aware they were to document exceptions on the of the MOR. She said this residents' family brings the medications to the facility but confirmed she does not document when she informs the family and if they do not arrive on time.<br><br>Class III | A 054 | | |
| A 055 SS=D | 59A-36.008(6) FAC Medication - Storage and Disposal | A 055 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
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| A 055 | Continued From page 14<br><br>(6) MEDICATION STORAGE AND DISPOSAL.<br>(a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents.<br>(b) Both prescription and over-the-counter medications for residents must be centrally stored if:<br>1. The facility administers the medication;<br>2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request;<br>3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;<br>4. The resident fails to maintain the medication in a safe manner as described in this paragraph;<br>5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or<br>6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in rule 59A-36.006, F.A.C.<br>(c) Centrally stored medications must be:<br>1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; | A 055 | | |

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|---|---|---|---|
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|---|---|---|---|---|
| A 055 | Continued From page 15<br>2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked;<br>3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and,<br>4. Kept separately from the medications of other residents and properly closed or sealed.<br>(d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider.<br>(e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f).<br>(f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the | A 055 | | |

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|---|---|---|---|---|
| A 055 | Continued From page 16<br><br>resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.<br>(g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to rule 64B16-28.870, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and interview, the facility failed to ensure that medications for residents who self-administer the medications were secured at all times for 2 of 23 sampled residents (#10 & #9).<br><br>Findings:<br><br>1. On [redacted], the door to [redacted] was open. Resident #10 was not in the room. Visible from the doorway was a bottle of [redacted] on the desk. Upon inspection, there were 2 [redacted] bottles and a pill organizer on the desk. (photographic evidence obtained).<br><br>Resident #10's record revealed a health assessment that the resident did not need assistance with medications. A facility "Self-administration of Medication Resident Assessment" form signed on [redacted] by the previous Wellness Coordinator indicated the resident was assessed to be "able to safely self-administer medications". A note on the form indicated the family filled the pill organizer each week.<br><br>On [redacted], the door to [redacted] was open and resident #9 was not present in the room. Visible from the doorway were a number of medications on the desk. Upon inspection, there | A 055 | | |

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|---|---|---|---|
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| A 055 | Continued From page 17<br><br>were 9 bottles of over-the-counter medications, 4 pouches of prescribed ( ) patches, and a pharmacy supplied pack of a physician ordered medication. (photographic evidence obtained).<br><br>Resident #9's health assessment reflected that the resident had diagnoses including , , and , but did not need assistance with medications.<br><br>On at 1:45 PM, the Wellness Director confirmed that residents who self-administer are to keep their medications locked and apartments secured when they leave the room.<br><br>Class III | A 055 | | |
| A 056 SS=D | 59A-36.008(7) FAC Medication - Labeling and Orders<br><br>(7) MEDICATION LABELING AND ORDERS.<br>(a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with chapters 465 and 499, F.S., and rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container:<br>1. The resident's name; and,<br>2. The identification of each medicinal drug in the container.<br>(b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer | A 056 | | |

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|---|---|---|---|
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|---|---|---|---|---|
| A 056 | Continued From page 18<br>medications from one storage container to another.<br>(c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist.<br>(d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record.<br>(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable.<br>(f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of | A 056 | | |

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|---|---|---|---|
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WESTCHESTER OF WINTER PARK | 558 N. SEMORAN BLVD. WINTER PARK, FL 32792 |

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|---|---|---|---|---|
| A 056 | Continued From page 19<br><br>medication or medication administration are filled or refilled in a timely manner.<br>(g) Pursuant to section 465.0276(5), F.S., and rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following:<br>1. Practitioner's name,<br>2. Resident's name,<br>3. Date dispensed,<br>4. Name and strength of the drug,<br>5. Directions for use; and,<br>6. Expiration date.<br>(h) Pursuant to section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record reviews and interview, the facility failed to make every reasonable effort to ensure a prescription was filled in a timely manner for 3 of 6 sampled residents (#3, 5 & 7), failed to maintain a copy of the order to discontinue a medication (#3), and failed to follow the physician's orders for medications (#5).<br><br>Findings:<br><br>1. On at 12:35 PM, resident #3 stated she received assistance with her medications, but | A 056 | | |

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|---|---|---|---|
| | AL11942716 | A. BUILDING: _____ B. WING _____ | 12/03/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WESTCHESTER OF WINTER PARK | 558 N. SEMORAN BLVD. WINTER PARK, FL 32792 |

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| A 056 | Continued From page 20<br><br>that some of them are not available from time to time.<br><br>Resident #3's record revealed a health assessment dated [redacted] which included diagnoses of [redacted] and [redacted]. She was noted to require assistance with self-administration of medications. Review of the [redacted] MOR revealed the following medications were circled on the dates listed: [redacted] on [redacted]/20, and [redacted] on [redacted], 17, 20-22 and 24-31/20. The [redacted] MOR revealed the following medications were circled on the dates listed: [redacted] on [redacted], 07 and [redacted], and [redacted] on [redacted], 29 and 30/20. [redacted] was circled for all days [redacted]/20, then "DC'd" was written. There were no explanations on the [redacted] side of the and [redacted] MORs to indicate why the medications were not given. There was no order from the healthcare provider in the resident's record to discontinue the [redacted]. (photographic evidence obtained).<br><br>2. On [redacted] at 10:45 AM, resident #5 stated she received assistance with her medications, but that often her medications are not available.<br><br>Resident #5's health assessment, dated [redacted], included diagnoses of [redacted]. She was noted to require assistance with self-administration of medications.<br><br>Review of the [redacted] MOR revealed the following medications were circled on the dates listed: [redacted] was circled on [redacted]/20 for AM and PM doses, [redacted] and 23/20 for the PM doses, [redacted] was circled on | A 056 | | |

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|---|---|---|---|
| | AL11942716 | A. BUILDING: _____ B. WING _____ | 12/03/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WESTCHESTER OF WINTER PARK | 558 N. SEMORAN BLVD. WINTER PARK, FL 32792 |

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| A 056 | Continued From page 21<br><br>for AM and PM doses, on /20, then marked "dc'd", spray was circled on /20, on and 23/20, was blank on , 16, 19, 22, 26, 27, and 30/20. C was circled or blank for all days in . There was one explanation for on the of the MOR for that indicated the medication was not available. No other explanations were found on the side of the MOR to indicate why the medications were not given. , patch 25 micrograms per hour (mcg./hr.), apply patch , every 72 hours was listed on the MOR. There were boxes drawn on the MOR every 3 days to indicate when the patch was to be applied. The MOR was signed as the patch being place on , 3, 4, 6, 7, 8, 13, 14, 15, 17, 20, 21, 22, 23 and 26, 2020. The physician order for one patch every 72 hours was not followed. , 100 units per milliliter inject 10 units , daily was listed on the MOR. The pre-printed 9 AM dosage time was crossed out and 7 AM was written in. There was a star in the box for . On the following dates, there were 2 doses signed as given, instead of one dose daily as ordered: , 12, 14, 15, 18-21/20. There were no notes on the reverse side of the MOR to indicate why the provider's orders were not followed. (photographic evidence obtained).<br><br>3. On at 3:10 PM, resident #7 stated she received assistance with her medications, but that often her medications are not available.<br><br>Resident #7's health assessment dated included diagnoses of , and aneurysm. She was noted to require assistance | A 056 | | |

Agency for Health Care Administration

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| A 056 | Continued From page 22<br><br>with self-administration of medications. Review of the MOR revealed the following medications were circled on the dates listed: , was circled on at 9 PM, at 9 AM and 1 PM, at 9 PM, and was blank on at 9 PM. No explanations were found on the side of the MOR to indicate why the medications were not given. (photographic evidence obtained).<br><br>On at 10:30 AM, the Wellness Director stated the staff tell her when medications need to be refilled. They are to tell her at 10 days before the medication was no longer available. She said she was not aware they were to document exceptions on the of the MOR. She said this resident's family brings the medications to the facility but confirmed she does not document when she informs the family and if they do not arrive on time. For , and for resident #5 not being documented as give according to provider orders, the Wellness Director stated she had seen that and cannot explain what happened.<br><br>Class III | A 056 | | |
| A 079 SS=D | 59A-36.010(3) FAC Staffing Standards - Levels<br><br>(3) STAFFING STANDARDS.<br>(a) Minimum staffing:<br>1. Facilities must maintain the following minimum staff hours per week:<br><br>Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week<br>0-5 168<br> 212 | A 079 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
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| WESTCHESTER OF WINTER PARK | 558 N. SEMORAN BLVD. WINTER PARK, FL 32792 |

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|---|---|---|---|---|
| A 079 | Continued From page 23 | A 079 | | |

16-25 253
26-35 294
36-45 335
46-55 375
56-65 416
66-75 457
76-85 498
86-95 539

For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week.
2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours.
3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night.
5. A staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times.
a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement.
b. A nurse is considered as having met the

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| A 079 | Continued From page 24<br>course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and [illegible]<br>6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least [illegible] must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager.<br>7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement.<br>8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule.<br>9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.<br>(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, | A 079 | | |

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|---|---|---|---|
| | AL11942716 | A. BUILDING: _____ B. WING _____ | 12/03/2020 |

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| A 079 | Continued From page 25<br>F.A.C.<br>(c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives.<br>(d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met.<br>1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs.<br>2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased | A 079 | | |

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| A 079 | Continued From page 26<br><br>staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency.<br>(e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.<br>(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and interview, the facility failed to ensure staffing hours were adequate to meet the needs of 2 of 23 residents interviewed (#2 & 11).<br><br>Findings:<br><br>On , the facility had a census of 90 residents in-house. The minimum staffing requirement for 90 residents is 539 hours per week. Review of the staff schedule for the week ending , the facility had staffed 548 direct care hours, which met the minimum.<br><br>Interviews with residents revealed they felt there was not enough staff to respond to their calls or provide ADL assistance. Residents #2, #3, #7, #11, #22 and #23 stated it takes a long time for staff to respond to calls when they press the pendant or pull the cord on the wall in the bedroom or bathroom. | A 079 | | |

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| A 079 | Continued From page 27<br><br>1. On [redacted] at 12:10 PM, resident #2 stated she does not get showers when she is supposed to. She stated she was supposed to get help with her shower three times a week, but that rarely happened. She also stated she often has to wait "an hour or so" to get a response to her call pendant or pull cord when she needs assistance. She stated she tried not to call for help because this was a problem, especially on the night shift, because "there are only 2 people here for all of the residents at night." She said there was one night a month or so ago when she was having difficulty breathing and pressed the pendant for help. No one came.<br><br>Review of the record for resident #2 found she was admitted to the facility on [redacted]. Her most recent health assessment was dated [redacted] and included diagnoses of [redacted] and [redacted]. She required continuous [redacted], which she was able to control herself. She self-administered her own medications. She was documented to be independent with all activities of daily living, except for requiring assistance for bathing. A note in the record revealed she was sent to the Emergency Department by 911 on [redacted] for [redacted]. No further notes were found indicating the circumstances of the event or when she returned to the facility.<br><br>Review of the call bell response logs found the facility's system only stored 30 days' worth of calls through the pendant system. If a resident has used the wall mounted pull cord, there is no tracking for that system. Review of the previous 30 days of calls placed by resident #2 found 8 calls between [redacted] and [redacted]. The response times ranges from the shortest time of 44 minutes 27 seconds to the longest in that date range of 3 | A 079 | | |

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| A 079 | Continued From page 28<br><br>hours 5 minutes. Review of the shower log for resident #2 for and revealed the resident received a shower on the 2nd, 4th and 7th of , 2020. No other showers in were noted. In , she received 5 showers for the whole month of . On , it was noted the resident refused the shower. A schedule of 3 showers per week should have shown 12 showers in .<br><br>On at 2:20 PM, the Wellness Director stated on , the caregiver on duty delivered a breakfast tray to resident #2 and found she was having difficulty breathing. She called for the nurse (Wellness Director) who said resident #2 was having a great deal of difficulty breathing and said she called 911 right away. The resident was sent to the hospital. She said she was not aware the resident was trying to get help during the night shift. The Wellness Director also stated she could not explain why the resident was not getting showers as scheduled.<br><br>2. On at 2:40 PM, resident #11 stated she usually can get help when needed, except at night. She stated there are never enough people working at night to answer if she calls for help. She said recently "I had to go out and look for someone to give me my , pill when I had a ."<br><br>Resident #11's record revealed an admission date of . Her health assessment was dated and included diagnoses of 's and . Review of the call bell response logs for - revealed 14 calls placed. Six of the 14 calls were during the night shift (11 PM-7 AM). Response times ranged from 14 minutes to 10 hours 42 | A 079 | | |

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| A 079 | Continued From page 29<br><br>minutes.<br><br>On [redacted] at 11:30 AM in a phone interview, staff A stated she works the 11 PM-7 AM shift and is a certified nursing assistant (CNA). She said it was very hard to get everything done at night since there was only one CNA and one medical technician in the building for 90+ residents on two floors. She said she was tasked to do 2 showers every night on her shift at 6AM, in addition to responding to calls from residents. She said the pendant calls come to the pager they carry but calls from anyone who pulls the cord on the wall go to a computer in the nurse's station, and no one is usually in there. She said if they are not in the nurse's station, they would not know if someone had called for help.<br><br>On [redacted] at 2:45 PM, the Wellness Director confirmed the findings.<br><br>(photographic evidence obtained)<br><br>Class III | A 079 | | |
| A 160 SS=D | 59A-36.015(1) FAC Records - Facility<br><br>The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request.<br>(1) FACILITY RECORDS. Facility records must | A 160 | | |

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| A 160 | Continued From page 30<br>include:<br>(a) The facility's license displayed in a conspicuous and public place within the facility.<br>(b) An up-to-date admission and discharge log listing the names of all residents and each resident's:<br>1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a ; and,<br>2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of .<br>(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).<br>(d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff.<br>(e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C.<br>(f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C.<br>(g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C.<br>(h) If the facility advertises that it provides special care for persons with 's or | A 160 | | |

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| A 160 | Continued From page 31<br>related . . . . . , a copy of all such facility advertisements as required by section 429.177, F.S.<br>(i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C.<br>(j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate.<br>(k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years.<br>(l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years.<br>(m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.<br>(n) The facility's resident elopement response policies and procedures.<br>(o) The facility's documented resident elopement response drills.<br>(p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.<br><br>This Statute or Rule is not met as evidenced by: | A 160 | | |

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| A 160 | Continued From page 32<br><br>Based on record review and interview, the facility failed to ensure accurate and up-to-date admission-discharge log was maintained for 1 of 2 sampled residents.<br><br>Findings:<br><br>Review of the admission discharge log for resident #20 found an admission date of and a discharge date of .<br><br>Review of the closed record for resident #20 revealed medications were marked as given through .<br><br>On at 3:15 PM, the Wellness Director said she did not remember exactly when the resident was discharged.<br><br>Class III | A 160 | | |