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
	AL11911229	A. BUILDING: _____ B. WING _____	08/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTMINSTER WINTER PARK	1111 S. LAKEMONT AVENUE WINTER PARK, FL 32792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A Complaint Investigation 2021007762 was conducted at Westminster Winter Park on . The facility had deficiencies at the time of the survey.	A 000		
A 004 SS=D	59A-36.004 FAC Licensure - Requirements (1) SERVICE PROHIBITION. An assisted living facility may not represent that it provides any service other than a service for which it is licensed to provide. (2) CHANGE IN USE OF SPACE REQUIRING AGENCY CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility's capacity must not be made without prior approval from the Agency Central Office. Approval must be based on the compliance with the physical plant standards provided in rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection requirements referenced in rule 59A-36.005, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING AGENCY FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, must not be made without prior approval from the Agency Field Office. Approval must be based on compliance with the physical plant standards provided in rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection standards referenced in rule 59A-36.005, F.A.C. (4) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on contiguous property. "Contiguous property" means property under the same ownership	A 004		

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A 004	Continued From page 1 separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of chapters 408, Part II, 429, Part I, F.S. and rule chapter 59A-35, F.A.C., and this rule chapter. (5) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in rule 59A-36.005, F.A.C., must be submitted annually to the Agency Central Office. The annual inspections must be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to chapter 408, part II, and section 429.14, F.S., and rule chapter 59A-35, F.A.C. (6) RESIDENTS RECEIVING STATE-FUNDED SERVICES. Upon request, the facility administrator or designee must identify residents receiving state-funded services to the agency and the department for monitoring purposes authorized by state and federal laws. This Statute or Rule is not met as evidenced by: Based on observations and interviews, the facility failed to obtain prior approval from the Agency Field Office prior to converting unlicensed apartments into assisted living apartments for 11 of 14 sampled residents (#5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15.) Findings: Review of the resident census revealed eleven residents lived in apartments on the third floor. On at 9:40 a.m. the administrator said the apartments on the third floor began being used	A 004		

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A 004	Continued From page 2 for assisted living residents on . . . and that the facility did not obtain prior approval from the agency field office prior to converting the third-floor independent living apartments to assisted living. 1. Resident #5's record revealed an admission to apartment (apt.) 302 on . Her 1823 that was dated . . . . indicated she required supervision with bathing and assistance with medications. On . . . . at 1:50 p.m. resident #5 said she was independent with activities of living (ADLs) and the facility assisted her with medications. 2. Resident #6's record revealed an admission to apt. 307/309 on . Her 1823 that was dated . . . indicated she required assistance with walking, bathing, _, toileting, transferring and medications. On . . . at 1:58 p.m. resident #6 said the facility assisted her with showers and medications. 3. Resident #7's record revealed an admission to apt. 314 on . Her 1823 that was dated . . . . indicated she required assistance with walking, transferring and medications. On at 2:02 p.m. resident #7 said the staff assisted her with bathing and medications. 4. Resident #8's record revealed an admission to apt. 318 on . Her 1823 that was dated . . . . . indicated she required assistance with bathing. On at 2:10 p.m. resident #8 said she was	A 004		

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A 004	Continued From page 3 independent with her medications and a private aide assisted her with showers. The facility's nurse assisted her with elevating her [illegible]. 5. Resident #9's record revealed an admission to apt. 324/326 on [illegible]. Her 1823 that was dated [illegible] indicated she required assistance with medications only. On [illegible] at 2:35 p.m. resident #9 said the staff assisted her with medications only. 6. Resident #10's record revealed an admission to apt. 328 on [illegible]. His 1823 that was dated [illegible] indicated he required assistance with medications only. On [illegible] at 2:14 p.m. resident #10 said staff assisted him with medications only. 7. Resident #11's record revealed an admission to apt. 332/334/336 on [illegible]. Her 1823 that was dated [illegible] indicated she required assistance with walking, bathing, [illegible], toileting, transferring and medications. On [illegible] at 2:16 p.m. resident #11 said the staff assisted her with [illegible] and medications. 8. Resident #12's and #13's record revealed an admission to apt. 338 on [illegible]. Resident #12's 1823 that was dated [illegible] indicated he required assistance with medications and resident #13's that was dated [illegible] indicated she required assistance with bathing and medications. On [illegible] at 3 p.m. resident #12 said staff assisted both he and resident #13 with medications only.	A 004		

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A 004	Continued From page 4 9. Resident #14's record revealed an admission to apt. 339/341 on . Her 1823 that was dated indicated she required assistance with medications. On at 2:26 p.m. resident #14 said the staff assisted her with medications only. 10. Resident #15's record revealed an admission to apt. 323 on . Her 1823 that was dated indicated she required assistance with bathing and medications. She was on a leave of absence during the survey. On at 1:48 p.m. the administrator said the decision was made to start providing assisted living services on the third floor because some residents wanted larger apartments and others wanted to remain in their apt rather than having to move down to the second floor. He said other residents who were independent also continued to live on third floor. He said the rooms listed on the census report were the only rooms planned to be used for assisted living at this time but there were future plans to expand further. Class III	A 004		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification	A 025		

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A 025	Continued From page 5 must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident ' s representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident ' s representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the	A 025		

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A 025	Continued From page 6 resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to follow a health care provider's medication order for 1 of 14 sampled residents (#2). Findings: Review of resident #2's record revealed an admission date of . An 1823 that was dated revealed the resident's diagnoses included , type 2, , and . The record contained a health care provider's order that was dated for inject 32 units (u) daily. Call MD and hold if BG <100. Review of the resident's medication observation record (MOR) revealed the following: four times a day before meals and at bedtime with . Call MD if BG <100. 7 a.m. BG: - 85; given. - 81; given. 11:30 a.m.: - 94	A 025		

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A 025	Continued From page 7 ... - 94 - 91 ... - 95 4:30 p.m.: - 92 ..... - 95 There was no documentation on either the MOR or in the resident's record to indicate an MD was notified when the BG was <100 and despite the order to hold if BG was <100, was given on both ... and ... at 8 a.m. On ..... at 3:10 p.m. the nursing director confirmed the findings and was unable to provide additional documentation. Class III	A 025		