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
	AL11910547	A. BUILDING: _____ B. WING _____	05/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTMINSTER OAKS	4449 MEANDERING WAY TALLAHASSEE, FL 32308

(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 On , an unannounced complaint investigation for complaint number 2023007842 was conducted at Westminster Oaks Assisted Living Facility in Tallahassee, Florida. Deficient practice was identified at the time of the survey.	A 000		
A 081	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously	A 081		

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A 081	Continued From page 1 completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including	A 081		

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A 081	Continued From page 2 chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident . . . . ., neglect, and , . The facility must use its . . . . . prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.	A 081		

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A 081	Continued From page 3 This Statute or Rule is not met as evidenced by: Based on staff interviews, personnel record reviews and reviews of facility documents, the facility failed to ensure that staff received training on the procedure to report adverse incidents for 3 of 3 personnel records reviewed. (Staff Member A, B, and C.) The findings include: On . . . . . at 12:05 PM, a telephone interview was conducted with Staff Member C, a licensed practical nurse (LPN). Staff Member C stated that she found Resident #1 unresponsive on the floor in her room. She stated she called 911. The resident was transported to the hospital and admitted. She stated she did not complete an incident report but contacted the physician and her immediate supervisor. On . . . . . at approximately 12:15 PM, a telephone interview was conducted with Staff Member B, another LPN. Staff Member B stated, "[Resident #1] was in the dining room when I approached her with her , . medication and a medicine cup containing a , , reliever. [Resident #1] took her , . pill." She further stated she set the medicine cup with the , , . reliever in front of the resident when she looked away to briefly assist another resident. When she turned . . . around the medicine cup with the , reliever was gone. Staff Member B stated the resident said she "ate it." She did not call the physician, her supervisor, or complete an incident report. Staff Member B stated she did not believe that a medication error had occurred. When asked what sort of incidents she would report, she stated a " ." Staff Member B stated	A 081		

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A 081	Continued From page 4 she had not received training on the facility's electronic submission of incident reports yet. On at 1:00 PM, an interview was conducted with the Facility Administrator / Risk Manager. She stated she completed the incident report the next morning because it had not been completed. In-service records were requested for review for Staff Member A, B ,and C, all LPNs. The facility presented each staff member's "Relias" transcript which is a list of in-services completed. There were no entries that supported Risk Management training to include the process for "reporting" of accident / incidents in identifying the occurrence of a reportable adverse events. Current re-education was immediately underway to include the "Medication Errors / Medication Administration / Medication Problems - Detection and Reporting," " , Neglect and , ," and "Reporting Guidelines." Staff Members B and C had not yet completed the re-education. A review of the in-service for Reporting Guidelines failed to include the staff members' process of reporting incidents / accidents through the facility's online incident reporting system. A review of the facility's policy and procedure entitled "Medication Errors," (last revised ,) indicates "8. If a medication error occurs, the following procedure will be initiated: a. The nurse assesses and examines he resident's condition and notifies the physician or health care practitioner as soon as possible. b. Monitor and document the resident's condition, including response to medical treatment or nursing interventions. C. Document actions taken in the	A 081		

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A 081	Continued From page 5 medical record. D. Once the resident is stable, the nurse reports the incident to the appropriate supervisor and completes the incident or occurrence report." A review of the facility's policy entitled "Incident / Accident Reports, Adverse Incident Reports - Residential Assisted Living," indicates "2. Information related to an accident / incident is documented on the Assisted Living Facility incident report." "6. The decision whether occurrence meet adverse incident definition could exercise control, should be made by a the designated risk manager with approval by the Administrator." Class III	A 081		