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
	AL11942718	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTCHESTER OF SUNRISE (THE)	9701 W. OAKLAND PARK BLVD. SUNRISE, FL 33351

(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 An Assisted Living Facility Standard Biennial licensure survey with Limited Nursing Services was conducted on [redacted]. Westchester of Sunrise had licensure deficiencies found at the time of the visit.	A 000		
A 010 SS=D	58A-5.0181(4) FAC Admissions - Continued Residency (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph. After the effective date of this rule, providers shall have up to 12 months to comply with this requirement. (a) The resident may be bedridden for up to 7 consecutive days. (b) A resident requiring care of a [redacted] pressure [redacted] may be retained provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a licensed health care provider, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident ' s record; and 3. If the resident ' s condition fails to improve	A 010		

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A 010	Continued From page 1	A 010		

within 30 days, as documented by a licensed health care provider, the resident shall be discharged from the facility.
(c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:
1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed;
2. Continued residency is agreeable to the resident and the facility;
3. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service permitted under the facility ' s license and total help with the activities of daily living; and
4. Documentation of the requirements of this paragraph is maintained in the resident ' s file.
(d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility.
(e) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.
(5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident ' s needs, as determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S.

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A 010	Continued From page 2 This Statute or Rule is not met as evidenced by: Based on observations, record review and interview, it was determined that the facility failed to ensure a Health Assessment form was completed on every resident upon significant change and that it is reflective of the resident's current health status and care needs, for 1 out of 27 sampled residents (Resident #9). The findings include: During numerous observations of Resident #9 between the hours of 9:45 AM and 3 PM on , it was noted the resident requires total assistance. An interview with the resident's Private Duty Aid and the Director of Wellness at 10:30 AM on , revealed the resident requires total assistance with all ADLs except for eating. Review of Resident #9's health assessment dated notes a medical diagnoses of , and hospice services. Health assessment also notes resident #9 requires assistance with all ADLs except eating, which is noted as independent. Further review also indicates the resident requires assistance with self administration of medication. A record review confirms resident #9 enrolled in hospice on . Further interview with Employee #2 and the Director of Wellness revealed the resident requires medication administration of all medication and the health assessment dated was the most recent assessment. There was no further documentation available indicating the change in care needs for the resident. Class III	A 010		

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A 030 SS=D	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of the Florida ... Hotline " 1(800)9€ or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents. (e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s ...	A 030		

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A 030	Continued From page 4	A 030		

and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical ... shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical ...

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States

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A 030	Continued From page 5	A 030		

as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from [redacted] and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice; at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a [redacted] his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including

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A 030	Continued From page 6 the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Access to adequate and appropriate health care consistent with established and recognized standards within the community. (k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was	A 030		

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A 030	Continued From page 7	A 030		

determined the facility failed to comply with the Resident Bill of Rights concerning financial affairs for 1 resident out of 27 sampled residents (#11).

The findings include:

During an interview with Resident #11 at 11:30 PM on [redacted] it was revealed on numerous occasions he voiced concerns to the Business Manager and the Administrator regarding discrepancies with his billing statement/monthly contract rate. According to Resident #11 the facility was charging him a double rate ($445 for himself and $445 for his [redacted] wife). It was revealed upon admission a contract rate was established on [redacted] for a monthly rental rate of $1645 per month (in which $445 was the base rate for each resident, R#11 and his spouse, and the diversion waiver to pay the outstanding balance monthly). Upon the [redacted] of his wife in [redacted] of 2011, the facility still continued to charge him the base rate of $445 for his [redacted] spouse. The contract was not modified until [redacted] when the single occupancy rate was increased from $1645 to $1800 per month. Further review of the accounting records do not break down the total cost of the apartment into the amount due from Resident and the amount due from a Diversion Grant. The Diversion Grant is not accounted for anywhere in the accounting records.

The facility has still failed to resolve the rental rate discrepancies from the period of [redacted] to [redacted]. This has left the resident owing an outstanding balance of $7,179.19. It was revealed he has informed the facility of the hardship and asked to resolve the discrepancies but to date it has not been resolved. Resident #11 also felt that he was going to be discharged from the facility due to this

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A 030	Continued From page 8 balance and his inability to pay the new rental rate of $1800. In an interview with the facility Business Manager on [redacted] at 1:45 PM, she agreed that the records for Resident # 11 were inaccurate. In another interview with the Assistant Administrator on [redacted] at 2:10 PM, she agreed the accounting records for Resident #11 were not correct and confirmed the facility did not respond to the resident's concerns. Class III	A 030		
A 052 SS=D	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least [redacted], trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. (b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which	A 052		

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A 052	Continued From page 9	A 052		

appears to have been contaminated, shall not be returned to the container.
(c) Staff shall observe the resident take the medication. Any concerns about the resident ' s reaction to the medication shall be reported to the resident ' s health care provider and documented in the resident ' s record.
(d) 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:
1. The health care provider may prescribe a medication schedule which coincides with the resident ' s presence in the facility;
2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident ' s medication record;
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
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging;
(e) Pursuant to Section 429.256(4)(h), 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.
(f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition.
(4) Assistance with self-administration does not include:
(a) Mixing, , converting, or

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A 052	Continued From page 10 medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications through intermittent positive pressure breathing machines or a (d) Administration of medications by way of a tube inserted in a cavity of the body. (e) Administration of preparations. (f) Irrigations or debriding agents used in the treatment of a skin condition. (g) , , or preparations. (h) 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 at the request of a competent resident. (i) 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. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined the facility failed to follow appropriate steps when assisting a resident with self-administered medications, for 1 out of 27 sampled residents (Resident #9). The findings include: During observations of the 12 PM medication pass on at 11:55 AM, Resident #9 was to receive assistance with 1 medication at 12 PM. The MORs noted the resident is to receive	A 052		

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A 052	Continued From page 11 assistance with -take 1 tablet by mouth 3 times a day. An interview with Employee #3 at 12:05 PM on revealed Resident #9's private duty aide came down to the medication 11:05 AM and picked up the 12 PM medication for the resident tablet). Employee #3 stated that she provided the medication to the aide, and aide informed her that the resident was leaving for lunch. Review of the MORs for month of 2012 for Resident #9 revealed facility did not document giving the medication to the private duty aide for the noted date. Further interview with Director of Wellness at 12:20 PM revealed she went up stairs and retrieved the medication. The medication was still in the sealed packet at 12:30 PM; the private duty aide never gave the medication to the resident and informed facility that it was a misunderstanding. Review of the 1823 health assessment notes resident requires assistance, but staff noted resident requires all medications crushed and administered. Review of Resident #9's health assessment dated : notes the resident requires assistance with self administration of medication. However, interview with Employee #3 and the Director of Wellness at 12:45 PM on confirmed the resident requires medication administration. Class III	A 052		
A 078 SS=D	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable including Freedom from	A 078		

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A 078	Continued From page 12 ..... must be documented on an annual basis. A person with a positive ..... test must submit a health care provider ' s statement that the person does not constitute a risk of communicating Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable , he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall 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. (c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C. (d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility shall: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and	A 078		

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A 078	Continued From page 13 2. Maintain time sheets for all staff. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that newly hired staff submitted a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable _____ including _____ for 2 of 4 staff members (#1 and #4). The findings are: During a review of the personnel records it was noted that staff member #1 had a date of hire of _____. The statement from the health care provider was dated _____, more than 6 months prior to the date of hire. Staff member #4 had a hire date of _____. The statement from the health care provider and medical examination report were dated _____, more than 6 months prior to the date of hire. The manager was interviewed on _____ at 2:40 p.m. and no additional information was provided. Class III	A 078		
A 081 SS=D	58A-5.0191(2) FAC Training - Staff In-Service (2) 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	A 081		

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	AL11942718	A. BUILDING _____ B. WING _____	

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A 081	Continued From page 14	A 081		

minimum of 1 hour in-service training in ..... control, including universal precautions, and facility sanitation procedures before providing personal care to residents. 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 major incidents.
2. Reporting adverse incidents.
3. Facility emergency procedures including 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
(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

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A 081	Continued From page 15	A 081		

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.

This Statute or Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure that staff had the required in-service training for incident reporting, resident rights, recognizing and reporting abuse, procedures and elopement response training for 4 of 4 employees (#1, #2, #3 and #4).

The findings are:

1. The personnel record of employee #1, a direct care staff member, was reviewed. The employee had a date of hire of was no documentation of training in incident reporting, resident rights, recognizing and reporting abuse, procedures or elopement response training.
2. The personnel record of employee #2, the manager, was reviewed. The employee had a date of hire of February There was no documentation of elopement response training.
3. The personnel record of employee #3, a direct care staff member, was reviewed. The employee had a hire date of 5/14 was no documentation of training in recognizing and reporting abuse, procedures or

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A 081	Continued From page 16 elopement response training. 4. The personnel record of employee #4 was reviewed (a direct care staff member). The employee had a hire date of . There was no documentation of training in incident reporting, emergency procedures or elopement response training. The manager was interviewed on at 2:47 p.m. and again at 4:10 p.m. and said she was unable to locate the information. Class III	A 081		
A 082 SS=D	58A-5.0191(3) FAC Training - (3) . Pursuant to Section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of Section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the Section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12) of this rule. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that staff had the required documentation of training for 3 of 4 employees (#1, #2, and #3.) The findings are:	A 082		

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A 082	Continued From page 17 During a review of the personnel records it was noted that employee #1, employee #2 and employee #3 did not have documentation in their files that they had completed a one time course on and The manager was interviewed on at 4:10 p.m. and said she was unable to locate the information. Class III	A 082		
A 090 SS=D	58A-5.0191(11) FAC Training - Do Not Orders (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policies and procedures regarding within 60 days after the effective date of this rule. (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in Rule 58A-5.0186, F.A.C. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that staff had the required documentation of training in the facility's policies and procedures for 4 of 4 employees (#1, #2, #3 and #4.)	A 090		

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A 090	Continued From page 18 The findings are: During a review of the personnel records, it was noted that employee #1, employee #2, employee #3 and employee #4 did not have documentation in their files that they had completed at least one hour of training in the facility's policies and procedures regarding [redacted]tO's. All the records reviewed were direct care staff or managers, and all had been working at the facility at least 30 days. The manager was interviewed on [redacted] at 2:50 p.m. and said she was unable to locate the information. Class III	A 090		
A 092 SS=D	58A-5.020(1) FAC Food Service - General Responsibilities Food Service Standards. (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator or a person designated in writing by the administrator shall: (a) Be responsible for total food services and the day to day supervision of food services staff. (b) Perform his/her duties in a safe and sanitary manner. (c) Provide regular meals which meet the nutritional needs of residents, and therapeutic diets as ordered by the resident ' s health care provider for resident ' s who require special diets. (d) Maintain the in-service and continuing education requirements specified in Rule 58A-5.0191, F.A.C.	A 092		

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A 092	Continued From page 19	A 092		

This Statute or Rule is not met as evidenced by:
Based on observation, interview, and record review conducted on , it was determined that the food service manager failed to perform duties in a safe and sanitary manner and failed to prepare foods by the use of standardized recipes.

The findings include:

A) During the licensure survey conducted on it was noted that 5 individual resident interviews voiced food complaints. It was also noted from the Resident Grievance Log for 2012 that residents voiced food complaints. During the observation of the food tray assembly line on at 11:30 AM, the Swiss Steak being served to the residents contained only a beef patty with peppers and onions. At the time of the observation the surveyor requested the standardized recipe for the preparation of the Swiss Steak and the cook was also interviewed concerning the preparation of the Swiss Steak. Following the recipe review and interview it was revealed that the recipe was not followed during the preparation. The cook failed to include the following ingredients: fresh jumbo carrots, fresh chopped celery, stewed canned tomatoes, Worcestershire sauce, and flour.

B) During the Kitchen/Food Service tour conducted on at 9:15 AM, the following was observed:
1) During the observation of the dish was noted the filled with excessive steam that appeared to be coming out of the dish machine. Further observation noted that 4 ceiling mounted air-conditioning vents located within the

Agency for Health Care Administration

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A 092	Continued From page 20 (1 above the dish machine exit, 1 in the soiled tray cart holding area, and 2 located in the clean dish storage area) appeared to be mold and rust laden and had excessive build-up on condensation. The condensation was forming droplets and was dripping down. There was a the droplets could drip down onto clean dishes, clean surfaces, clean equipment, and staff resulting in the potential of contamination and food borne illness. 2) Twelve metal storage shelving located in the dish had clean dishes stored upon them and were rust laden. 3) During the observation of the lunch meal in the Main Dining at 12 PM, resident food plates were being carried from the main kitchen, though the employee services , then into the large dining . Further observation noted the resident food plates were being transported uncovered and staff were handling the food plated in an unsanitary manner, specifically the staff touching the eating portion of the food plates. Class III	A 092		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
The Westchester Of Sunrise
9701 W. Oakland Park Blvd.
Sunrise, FL 33351

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2012 by a representatives from this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , **2012** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

J.C. Boyles, HFE Supervisor
for Arlene Maye-Davis
Field Office Manager

AMD/ls
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924