| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11942716** | **07/02/2013** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Westchester Of Winter Park** | **558 N. Semoran Blvd. Winter Park, FL 32792** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= B
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

**Specific Tag Findings:**

0000-Initial Comments
An unannounced Complaint Inspection CCR#2013-003466 was conducted at Westchester of Winter Park Assisted Living Facility on .

There were deficiencies found not related to the complaint at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview the facility did not obtain an accurate and complete medical examination for 2 of 7 sampled residents (#3 and #5).

Findings:

Record review for resident #3 revealed that her Resident Health Assessment form (1823) revealed the section that asked " in your professional opinion, can this individual ' s needs be met in an assisted living facility, which is not a medical, nursing or facility". The health care provider checked no.

Record review for Resident #5 revealed that she was admitted to the hospital for a significant change on and returned to the facility on . An updated 1823 was required. Further record review revealed that there was an 1823 in the original handwriting, on the top of page was a hand written dated of . Page 4 of the 1823 was a copy (not original handwriting) page 4 did not have the address, telephone number, title of the medical examiner, there was no date noted by the medical examiner to determine the dated he examined the resident.

The administrator reviewed both of the residents had health assessments, The administrator stated on at approximately 6:45 PM that resident #3 was appropriate for the facility and the form was not accurate. He stated that he was not aware that the information was left off of the form for resident #5. He stated that he would have the forms completed.

Class

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observations and interview the facility failed to ensure that 1 of 7 sampled residents (#1) had continuous access to the call bell system used to contact the facility staff when she needed assistance.

Findings:

Observations during the tour of the facility on at approximately 9:45 AM revealed that there was a call light system in each of the , to be used by residents when they needed to contact the staff for assistance.

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

Observations on [redacted] at approximately 10 AM revealed that resident #1 was sitting in a high back wheel chair facing the window in her [redacted]. A brief interview was conducted with the resident. As the surveyor started to leave the [redacted] resident yelled stop, she stated I need help and I cannot reach the button to call. Observations at the time revealed the call light button, was attached to the wall by a cord, was on her bed. The resident wanted the surveyor to push her closer to the bed so that she could reach the button because she was not able to move the wheelchair on her own. The surveyor informed the resident that she would get someone to move her closer to her bed so that she could have access to the call light.

The facility's nurse was informed at approximately 10:05 AM that the resident was away from her bed and did not have access to her call light and needed assistance. The nurse stated at the time that she would notify the staff.

Observations at approximately 10:30 AM revealed that the resident was now sitting in her wheelchair next to her bed with her call bell cord wrapped around the arm of the wheel chair and was now in reach.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Westchester Of Winter Park
558 N. Semoran Blvd.
Winter Park, FL 32792

Dear Administrator:

Re: CCR #2013003466

This letter reports the findings of a state licensure survey that was conducted on . 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) 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 . **2013,** 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 surveyor(s). Should you have any questions please call Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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