STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967010	09/06/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
View At Winter Park (the)	1047 Princess Gate Blvd Winter Park, FL 32792	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

0000-Initial Comments
Complaint Inspection #2013008450 was conducted on and completed on . The View at Winter Park had deficiencies found at the time of the visit.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and interview, the facility failed to ensure centrally stored medications were kept in a locked storage area at all times for 1 of 3 sampled residents (#3).

Findings:

Observation on at approximately 12 PM revealed the for resident #3 was kept in the unlocked refrigerator. Review of the label, dated read Lantus 45 units in the AM.

In an interview with the administrator on at approximately 12 PM, he confirmed the finding.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, the facility failed to ensure 1 of 3 sampled staff who provided direct care who was not a licensed nurse, certified nursing assistant (CNA) or home health aide (HHA), received 3 hours of training in activities of daily living (ADLs) and resident behavior and needs within 30 days of employment (staff C).

Findings:

Review of personnel files for staff C, hired on , revealed she did not have documentation of 3 hours of training in ADLs and resident behavior and needs. Review of Staff C's application read she was a CNA and a HHA. Staff C did not have an active CNA license listed on the Florida Department

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of Health's website and there was no documentation to review to indicate she had HHA training.

In an interview with the administrator on at approximately 1 PM, he stated the staff received some of the facility orientation training from the nurse. The administrator was unable to find the previous training.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on observation, record review and interview, the facility failed to ensure the health care provider's order for was clarified for 1 of 5 sampled residents (#3).

Findings:

In an interview with the administrator on at approximately 10:15 AM, he stated the family member came to the facility every day between 4-6 PM to give the resident his

Observation on at approximately 6 PM found the family member at the facility to give resident #3's The pen was obtained from the secured medication closet and was given to the family member. The family member took the resident into the gave the resident the

Record review for resident #3 revealed an Assistant Living Facility Health Assessment Form 1823, updated on which read diagnoses of and
The resident needed assistance with self-administration of medications.

The physician's order, dated read 45 units of Lantus to be given in the morning. There was no documentation to indicate an order was obtained to clarify the time the was to be given. The resident did not receive any in the morning.

In an interview with the administrator on at approximately 10:15 AM, he stated the facility did not have an order for the to be given in the evening.

Class III

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0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC
Based on record review and interview, the facility failed to ensure an adverse incident report was submitted within one business day when law enforcement came to the facility to conduct an investigation for 1 of 5 sampled residents (#1).

Findings:

In an interview with the administrator on at approximately 11 AM, he stated Adult Protective Services and the police department came to the facility regarding resident #1. He was not aware if a police report was completed.

Review of Seminole County Sheriff's Office report #2013EI000358 revealed a report was completed on in reference to inappropriate care at the facility.

In an interview with the administrator on at approximately 11 AM, he stated he did not complete an adverse incident report when the police did an investigation.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on record review and interview, the facility failed to ensure 1 of 3 sampled staff had completed the Affidavit of Compliance with Background Screening (staff C).

Findings:

Review of personnel files revealed caregiver staff C, date of hire did not have documentation that she had completed the Affidavit of Compliance with Background Screening. Review of background screening results revealed the staff C was eligible on

Interview with the administrator on at approximately 1 PM who stated the staff member had not completed the Affidavit for Compliance with Background Screening.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
View At Winter Park (the)
1047 Princess Gate Blvd
Winter Park, FL 32792

Dear Administrator:

Re: CCR #2013008450

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

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