STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911328	10/03/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Westminster Towers	70 West Lucerne Circle Orlando, FL 32801	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments
An Unannounced Abbreviated re-licensure Survey was conducted at Westminster Towers Assisted Living Facility on

There were deficiencies found at the time of the visit.

This survey was conducted in conjunction with Complaint Inspection CCR#2013009265.

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on personnel record review and interview the facility failed to have evidence that 1 of 3 sampled staff (C) received the required in-service training.

Findings:

Personnel Record review for Staff C revealed that she was hired on and there was no documentation to confirm that she had completed an 1 hour in-service that covered Reporting major and adverse incident reports, A 1 hour-in safe food handling practices and a in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.

The Resident Care Director stated on at approximately 4 PM that she had reviewed Staff C's personnel record and could not find documentation to confirm that she had received the above in-service training's.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on review of personnel files and interview the facility failed to ensure that 1 of 3 sampled staff (C) had completed a one-time education course on and

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

Findings:

Personnel Record review for Staff C revealed that she was hired on and there was no documentation to confirm that she had completed a one-time education course on and

The resident care director stated on at approximately 4 PM that she had reviewed the record and could not locate documentation to confirm that staff C had obtained the training.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on personnel record review and interview the facility failed to ensure that 3 of 3 sampled staff (A, B and C) had at least one hour of training in the facility's policies and procedures regarding that included all of the information in Rule 58A-5.0186, F.A.C.

Findings:

Personnel Record review revealed that Staff A hired on Staff B hired on and Staff C hired on had no documentation to confirm they had at least one hour of training in the facility's policies and procedures regarding that included all of the information in Rule 58A-5.0186, F.A.C.

The resident care director stated on at approximately 4 PM that Staff A, B and C did not have the above training.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Westminster Towers
70 West Lucerne Circle
Orlando, FL 32801

Dear Administrator:

Re: Biennial

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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