STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910105	10/24/2013
NAME OF PROVIDER OR SUPPLIER **Westminster Towers And Shores Of Bradenton**	STREET ADDRESS, CITY, STATE, ZIP CODE **1533 4th Avenue West Bradenton, FL 34205**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - N275 - 58a-5.031 Fac - Lns - Licensing S-S= D

Specific Tag Findings:

0000-Initial Comments

A complaint survey, CCR# 2013011318, was conducted on and .

The Westminster Towers and Shores of Bradenton, an assisted living facility, had a deficiency found at the time of the visit.

N275-LNS - Licensing 58A-5.031 FAC

Based on observation interview and record review, the facility provided assistance with the application of anti- stocking, a nursing service as reserved for facilities with a limited nursing services specialty license, to four of seven residents observed wearing anti- stockings without obtaining specialty licenses to provide said service (Residents #2, #3, #4, and #5).

Findings include:

1. On at 9:55 a.m. a tour of the facility was conducted. Observation during the tour revealed Residents #2, #3, #4, and #5 wearing anti- stockings.

2. On at 10:38 a.m. Resident #2 was interviewed. Resident #2 stated she cannot bend down to put on her stockings, she added the facility ' s staff members assist her with her putting on her anti- stocking.

3. On at 10:47 a.m. Resident #3 was interviewed. Resident #3 stated she physically cannot take her hose on and off, she added the facility ' s staff members assist her with the application of her anti- stockings.

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4. On at 11:29 a.m. Resident #5 was interviewed. Resident #5 stated the facility ' s staff members assist her with putting on her anti- stockings every morning.

5. On at 11:57 a.m. an interview was conducted with Staff A. Staff A confirmed she assisted Resident #2 with putting on her anti- stockings.

6. On at 12:15 a.m. an interview was conducted with the Health Services Administrator (HSA). The HSA stated when a resident has an order for anti- stocking the information for the anti- stockings is added to the Medication Observation Record (MOR) and the facility staff members are allowed to assist the residents with the anti- stockings.

7. A review of Resident #2 ' s resident record revealed on Resident #2 ' s physician ordered the application of anti- stocking in the morning and the removal of the anti- stockings at night. A review of Resident #2 ' s Medication Observation Record (MOR) revealed Resident #2 was assisted with her anti- stocking between and , with the exception of .

8. A review of Resident #3 ' s resident record revealed a physician ' s order dated for the application of anti- stockings in for morning and the removal of the anti- stockings at night.

9. A review of Resident #4 ' s resident record revealed an order from Resident #4 ' s physician, dated , for the application of anti- stockings in the morning and the removal of the anti- stockings at night. A review of Resident #4 ' s MOR revealed Resident #4 received assistance with the application of anti- stockings from through .

10. A review of Resident #5's record revealed a physician's order, dated , for the application of

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anti- stockings in the morning and the removal of the anti- stockings at night. A review of Resident #5 MOR revealed Resident #5 was assisted with Anti- stocking from

11. A review of the facility's license revealed the facility has a standard license.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Westminster Towers and Shores of Bradenton
1533 4th Avenue West
Bradenton, FL 34205

Dear Administrator:

Re: **CCR# 2013011318**

This letter reports the findings of a complaint survey that was conducted on , 2013, and , 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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