STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967111	12/27/2013
NAME OF PROVIDER OR SUPPLIER **West Winds Assisted Living Facility**	STREET ADDRESS, CITY, STATE, ZIP CODE **37411 Eiland Blvd** **Zephyrhills, FL 33542**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced limited nursing services (LNS) monitoring visit was conducted on .

The West Winds Assisted Living Facility, had a deficiency at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interviews, the facility allowed unqualified staff to assist with the administration of for the 1 resident (Resident #3) reported to receive in the unsecured section of the facility.

Findings include:

Review of Resident #3's medication observation records revealed that she had an order for Lantus (pen) , inject 50 units every morning and ( ) Flex pen 100 unit/ml to be given by sliding scale. pens have a dial that must be turned to the ordered dose to load the amount of to be injected.
In the interview with Staff A, a medication technician on at approximately 11:50am, she reported that the residents give themselves pen injections. However, she also stated that, "we (the staff) turn it to the amount the residents get and put the needle on it." Resident #3 is the only resident that gets an pen.
Interview with Resident #3 on at approximately 12:40pm revealed that the staff draws up the medication and she gives herself the shot. The staff sets the dial and she shoots herself.
Interview with Staff B, a medication technician on at approximately 1:05pm revealed that medication technicians (not nurses) assist with medications in the unsecured section of the facility in which Resident #3 resided.
In the interview with the director of nursing on at approximately 1:30pm, he acknowledged that unlicensed staff should not assist residents by turning the dial of the pen.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
West Winds Assisted Living Facility
37411 Eiland Blvd
Zephyrhills, FL 33542

Dear Administrator:

This letter reports the findings of a limited nursing services (LNS) monitoring visit 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 deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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