STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910547	06/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Westminster Oaks Retirement Co	4449 Meandering Way Tallahassee, FL 32308	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
On , 2014 an unannounced abbreviated survey was conducted at Westminster Oaks Assisted Living Facility. Deficiencies were found at the time of the survey.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and staff interview for 1 of 6 residents sampled (Resident #12), an unlicensed staff failed to follow medication for assistance with self-administration guidelines.

The findings are:

On , 2013 at approximately 4:00pm, an observation was made of Staff F, CNA/Med Tech with a cup of 4-5 pills in a cup sitting on the medication care while she was observed to be assisting another resident. The resident that was being assisted by Staff F was given another cup while the cup with medications remained on the top of the medication cart. The resident that was being assisted left the wellness Staff F then pulled Resident#12 's MAR and took the cup of medications (approx. 4-5 pills of different colors) to Resident #12 . The staff handed the resident the cup of pills and a cup of water. Staff F did not explain to Resident #12 what medications were administered.

On , 2013 at approximately 4:05pm, an Interview conducted with Staff F revealed that she was a "Med Tech". Staff F revealed that she had been employed with the facility since 2013. Staff F revealed that she had completed 4 hours of medication training.

On , 2013 at approximately 4:10pm, a request made from the Assistant Living Coordinator revealed that the facility did not have policy on assistance with self-administration of medications. He provided a copy of the statute and revealed that the facility follows the statue on assistance with self-administration.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on employee record review and staff interview, the facility failed to have 1 of 6 sampled staff communicable statements signed within 30 days of hire and the physician failed to conduct an examination for 5 of 6 staff to verify that the staff was free from any signs and symptoms of a communicable .

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The findings are:

A review of Staff F 's personnel record revealed that this staff was hired , 2013. Staff F's communicable statement was not signed until , 2013.

A review of 5 of 6 staff records (Staff B, Staff C, Staff E, Staff F, and Staff G) revealed that the facility's physician signed the communicable statement.

On , 2013 at approximately 3:25pm, an interview conducted with the Assistant Living Coordinator revealed that he was not sure if the physician conducted a face to face examination with new employees when completing the communicable statement. During this interview the Assistant Living Coordinator said that he did not recall a physician completing a face to face with him when he was employed, but that he was hired approximately 17 years ago. He said that the Human Resource Director could probably answer more questions about the process of the communicable statements.

On , 2013 at approximately 3:30pm, an interview conducted with the Human Resource Director (HR) about the process of the communicable statements revealed that when new employees are hired the employee has their ( ) screening completed first. Approximately 2 weeks after the screening staff have a booster. After the booster is completed and documentation is provided to the facility's physician, he signs the communicable statement for staff. HR confirmed that the physician does not conduct a face to face examination with new employees, but signs the communicable statement based off the Registered Nurses assessment. Her interview revealed that the physician is at the facility at least 3 times a week.

On , 2013 at approximately 4:00pm, an interview conducted with Staff F revealed that she did not she was not examined by the facility's physician to have her screening ( ) or communicable statement signed. Staff F revealed she had no knowledge of who completed her communicable statement because she left all her paperwork including the communicable statement in the facility's clinic with the Registered Nurse who completed her screening upon completion of her screening.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Westminster Oaks Retirement ALF
4449 Meandering Way
Tallahassee, FL 32308

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 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 , 2014 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 me at 850-412-4540.

Sincerely,

Donah He g
Field Office Manager

DH/dh
Enclosure

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