STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942718	06/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Westchester Of Sunrise (the)	9701 West Oakland Park Blvd Sunrise, FL 33351	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey with Limited Nursing Services (LNS) was conducted on at The Westchester of Sunrise. The facility had licensure deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on observations, interviews and record reviews, the facility failed to ensure that the residents met the criteria for continued residency, for 1 of 17 sampled residents (Resident #16); and that the facility failed to ensure that residents had a complete face to face medical examination documented on the 1823 Health Assessment form after a significant change for 1 out of 4 residents sampled for record review (Resident #16).

The findings are:

Resident #16 was admitted to the facility on . There was a physician note dated documenting right heel, perimeter, send to ER" (emergency . The resident returned to the facility on with an updated Health Assessment that documented the diagnosis as "Pressure , but did not document the stage of the pressure . There was no further documentation available describing the resident's condition at that time, and no documentation describing whether the resident's condition improved within 30 days of the identification of the pressure as required. The facility progress notes were reviewed and document the resident was referred to the care center on . Further record review revealed that on the doctor documented that the resident had a non-healing to the right heel.

Resident #16, identified as having a significant change, had an updated Health Assessment that was found to be incomplete. There was no diet order, the section asking "any 3 or 4 pressure sores?" was blank, and the section asking if the resident's needs could be met in the facility was blank.

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On . . . . . at 2:45 p.m. the Wellness Coordinator and Administrator were interviewed. The Wellness Coordinator provided documentation that the home health nurse was following the resident for . . . . . care treatments, but could not provide any documentation that the pressure . . . had improved within 30 days. On . . . . . at 2:00 p.m. the Wellness Coordinator was interviewed and stated that all the health assessments were being reviewed.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on record reviews and interviews, the facility failed to maintain a written work schedule reflecting the facility's 24 hour staffing pattern for a census of 85 residents.

The findings are:

On at 1:30 p.m. C.N.A. "C" was interviewed and stated that she works until 2:00 p.m., and said the other morning aides leave at 1:00 p.m. The staff schedule was requested and reviewed. The staff schedule documented "D" for days, "E" for evenings and "N" for nights. There was no key on the schedule to describe what hours the letters represented, and the times listed on the schedule did not correspond to the list of the staff. On . . . . at 2:45 p.m. the Administrator and Wellness Coordinator were interviewed. The Wellness Coordinator stated that the start times were staggered, and acknowledged that the schedule did not clearly reflect a 24 hour staffing pattern.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Westchester Of Sunrise (The)
9701 W. Oakland Park Blvd.
Sunrise, FL 33351

RE: Limited Nursing Service (LNS)

Dear Administrator:

This letter reports the findings of a state licensure survey with Limited Nursing Service (LNS) that was conducted on , 2014 by representatives from 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 (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com