STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910105	08/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Westminster Towers And Shores Of Bradenton	**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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey and a monitoring visit were conducted from to .

The Westminster Towers and Shores of Bradenton, assisted living facility, had deficiencies at the time of the visit.

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

Based on record review and interview, one of four staff sampled (B) had not obtained a statement from a health care provider attesting to their freedom from signs and symptoms of communicable based on an examination conducted no more than 6 months ago.

Findings include:

A review of personnel records during the survey found that Staff B, hired , had no documented evidence verifying that she had ever been assessed by a health care provider to be free from signs and symptoms of communicable other than ( ). Interview with the administrator at approximately 1:00p.m. on confirmed that this employee did not have this documentation available for inspection.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview, one of three staff sampled (C), who had been employed over 30 days, had not received all required training for that time frame.

Findings include:

A personnel file review during the survey found that Staff C, hired , had no documentation attesting to the fact that she had received the required training in a) recognizing/reporting , neglect and and b) resident rights in an ALF. Interview with the administrator at approximately 1:20pm on confirmed that this documentation was missing from the record.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910105	**08/28/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Westminster Towers And Shores Of Bradenton	**1533 4th Avenue West Bradenton, FL 34205**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview, one of three staff sampled who assisted residents with medications as one of their duties (B) had not received the initial 4 hour training in providing assistance with self-administration of medication.

Findings include:

Although a review of the personnel file for Staff B (hired) found a current 2 hr. update in safe medication practices, further review of the record revealed no documented evidence that any original 4 hr. medication assistance training course had been taken. Interview with the administrator at approximately 1:30pm on verified that this documentation was unavailable for inspection.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 4, 2014

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

Dear Administrator:

This letter reports the findings of a biennial state licensure survey and a monitoring visit that were conducted on August 27-28, 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 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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