STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942716	09/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Westchester Of Winter Park	558 N. Semoran Blvd. Winter Park, FL 32792	
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 - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

Initial Comments
The biennial re-licensure survey with Limited Nurse in conjunction with Complaint Investigation CCR#2014005851 was conducted on . . . . . Westchester of Winter Park had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure that 1 of 9 staff (I) had the . . . . test done annually

Findings:

During personnel record review for Staff I revealed she was hired on . . . . The . . . . . test in the file was dated . . . . . There was no other record of any . . . . . test.

In an interview with the administrator on . . . at approximately 11:15AM, he confirmed d that was the only record he had for Staff I.

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC
Based on observation, record review and interview the facility failed to ensure they followed physician's orders for 1 of 14 sampled residents (#14).

Findings:

Observation on . . . . at approximately 3:30 PM and on . . . . . at approximately 12 PM revealed resident #14 was in bed with his . . . . on per nasal cannula. The . . . . was set at 2-2.5 liters per minute. In an interview with the resident on . . . . who was alert and oriented at approximately 3:30 PM who stated his . . . . (O2) was usually set at 3 liters per minute.

Review of physician order dated . . . . . revealed O2 at 3 liters per minute via nasal cannula overnight and as needed.

In an interview with the Health and Wellness nurse on . . . . . at approximately 12 PM who was not aware the O2 was not set at 3 liters per minute.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942716	09/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Westchester Of Winter Park	558 N. Semoran Blvd. Winter Park, FL 32792	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

N278-LNS - Records 58A-5.031(3) FAC
Based on observation, record review and interview the facility failed to ensure for 1 of 14 residents (#14) who received a Limited Nursing Service (LNS), nursing progress notes were accurately maintained and monthly nursing assessments were conducted by a Registered Nurse.

Findings:

During entrance conference on [redacted] at approximately 9:15 AM with the administrator who stated resident #14 was on LNS at that time.

Resident record review revealed an Assisted Living Facility Health Assessment Form (1823) updated on [redacted] that indicated [redacted] and [redacted]. The resident was independent with eating and needed assistance with ambulation, dressing, [redacted], bathing, toileting and transferring.

Observation on [redacted] at approximately 2 PM and on [redacted] at approximately 11 AM revealed resident #14 was in bed with his [redacted] on per nasal cannula. The [redacted] was set at 2-2.5 liters per minute. In an interview with resident #14 at approximately 2 PM who stated he had been experiencing [redacted] and had been wearing his [redacted] 24/7 until a medical issue was resolved.

Review of the nursing progress notes for [redacted] revealed the resident was not using [redacted] during the 7-3 PM shift.

Review of the monthly nursing assessments for [redacted] 2014 revealed the assessment was completed by the Licensed Practical Nurse (LPN) and was signed by the Registered Nurse (RN).

There was no documentation to indicate nursing progress notes were accurately maintained or the RN conducted the monthly nursing assessment.

In an interview with the Health and Wellness Director, an LPN on [redacted] at approximately 12 PM who stated she conducted an evaluation of the residents and the RN signed the assessment form.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Westchester Of Winter Park
558 N. Semoran Blvd.
Winter Park, FL 32792

RE: Biennial Re-Licensure

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 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 Lorraine Henry at 407-420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com