STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910786	11/25/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Westminster Shores, Inc.	**125 56th Avenue, South Saint Petersburg, FL 33705**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D

Specific Tag Findings:

Assisted Living Facility

Abbreviated survey survey conducted on

Westminster Shores had deficiencies at the time of this survey.

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

Based on employee file review and interview, the facility failed to ensure staff A, B, and C did not have the required in-service training for reporting major incident that 's required within 30 days of employment.

Finding Include:

Staff A file review revealed she was hired on as a certified nurse aide. The file did not have documentation indicating she received training for reporting major incidents.

Review of staff B's file revealed she was hired on as a certified nurse aide. The file did not have documentation indicating she received training for reporting major incidents.

Review of staff C file's revealed she was hired on as a certified nurse aide. Her file did not have documentation indicating she received training for reporting major incidents.

During an interview with the human resource staff on at approximately 11:28 am, she reviewed the employee flies for staff A, B C and confirmed the finding.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Westminster Shores Inc.
125 56th Avenue, South
Saint Petersburg, FL 33705

Dear Administrator:

This letter reports the findings of a biennial 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 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 s 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/clt
Enclosure: State (5000-3547) Form

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