STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910349	03/16/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTMINSTER WOODS ON JULINGTON	25 STATE ROAD 13 JACKSONVILLE, FL 32259

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced complaint survey, CCR #2014012136, was conducted at Westminster Woods on Julington Creek in Jacksonville, Florida on 16, 2015. Deficiencies were identified as a result of the survey.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review, staff interview, and facility policy, the facility failed to maintain a written record of a medication error, and failed to inform family of such error per their policy for 1 of 3 sampled residents, (Resident #3).

The findings include:

Record review of Resident #3 revealed an order for 0.25 milligrams (mg) orally, scheduled at 4:00 pm.

Resident #3 nurse ' s notes dated 11 at 12 PM revealed a medication error. It stated she was given 0.5 mg given, but the order was for 0.25 mg. The family was not notified of the medication error.

Record review of the medication error reports revealed there was not a medication error report written for this medication.

On at 8:15 PM an interview with the Health and Wellness nurse stated there was a medication error on involving Resident #3. She said the nurse ' s notes stated there was a medication error, but a medication error report was not completed on the medication error She stated she does not know why it was not completed. She stated it is the policy of the facility that a medication error report be completed. She said she does not know if the family was ever notified, because it was not documented.
Review of the facility policy entitled " Medication Problem Detection and Reporting ", dated revealed " Medication incidents are reported to the residents nurse, physician, and family/responsible party ".

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

Based on observation, staff interview, and facility policy, the facility staff failed to explain medications to residents who received assistance with self-administration of medication, for 1 of 6 sampled residents, (Resident #4).

The findings include:

On at 7:32 PM an observation of Employee A, Med Tech during assistance with Self-Administration of medication revealed Employee A poured the medication into the medication cup, entered Resident #4 apartment and gave the Resident #4 his medications. She did not explain what the medications were. She did not have a copy

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WESTMINSTER WOODS ON JULINGTON	25 STATE ROAD 13 JACKSONVILLE, FL 32259

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0052 Continued From page 1

of the Medication Observation Record with her.

On [redacted] at 7:34 PM an interview with Employee A revealed after she administered the medication, stated she did not explain what the medication was, "but if I need to explain each one, then I will". She said, " The nurse never said that to me, to explain " .

On [redacted] at 8:15pm an interview with the Health and Wellness nurse said the medication technicians should explain each medication every time they pass medication to a resident.

Policy review dated [redacted] entitled "Management Standards and Guidelines" , "Assisting with Self-Administered Medications" stated, "In the presence of the resident, read the label"
Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and staff interview, the facility failed to maintain a complete medication observation record for 1 of 6 sampled residents, (Resident #3).

The findings include:

Record review of Resident #3's MOR revealed missing signatures for [redacted] 0.5 mg, give half a tablet (0.25 mg) twice daily. The missing signatures were at 8:00 pm on [redacted] and at 8:00 am on [redacted] Review of Resident #3 [redacted] sign out sheet revealed the [redacted] was not signed as given on [redacted] at 8:00 pm, or [redacted] at 8:00 am. There was no documentation in the nurse ' s notes as to why the medication was not given. The back of the MOR was blank without explanation why the medication was not given.

On [redacted] at 8:30 PM an interview with Employee B, Medication Technician, stated it doesn't look like the [redacted] was given on those 2 days. [redacted] and [redacted] She reviewed the [redacted] sign out sheet and confirmed the medication was not given.

On [redacted] at 8:45 pm an interview with the Health and Wellness Director, after reviewing Resident #3 MOR and [redacted] sign out sheet for [redacted] stated she did not know why the [redacted] was not given to Resident #3 on [redacted] and [redacted] as ordered.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Westminster Woods On Julington Creek
25 State Road 13
Jacksonville, FL 32259

RE: CCR #2014012136

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on ..... 16, 2015 by representatives 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 surveyors. Should you have any questions please call this office at

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure

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