STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942718	**07/01/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Limited Nursing Services (LNS) Monitoring visit was conducted at Westchester of Sunrise Assisted Living Residence on . The facility had a deficiency identified at the time of the visit related to LNS services.

N276 - LNS - Nursing Services - 58A-5.031(1) FAC

Based on interview and record review, the facility failed to identify a resident with wounds be included under Limited Nursing Services (LNS), Resident #4, who is receiving daily care.

The Findings Include:

On at approximately 1:45 PM a request was made to the facility Wellness Coordinator to review the facility's current LNS log. The log was reviewed to reveal 3 residents were documented on the log as receiving LNS and it was confirmed with the Wellness Coordinator they currently had 3 residents admitted under LNS.

On at approximately 2:35 PM during a random interview with Resident #4, he stated he is receiving daily care to his toes on both feet from the facility nurse and the dressings are changed around 11:30 AM when he gets his injection. Review of the LNS log revealed he was not one of the 3 residents identified as receiving LNS.

Review of Resident #4's record revealed a physician order dated for daily care to toes on feet.

Further review of the record revealed a Progress Note dated written by the Licensed Practical Nurse (LPN) 'Resident was seen by physician.... daily care. The progress note did not document any initial baseline assessment or description of the resident's toes which required daily care. Further review of the Progress Notes from through revealed no evidence of documentation of any description, assessment or monitoring of the resident's wounds.

Review of the Treatment Administration Record (TAR) for 2015 revealed care was being documented daily as being rendered by the facility nurse, however, there was no documentation regarding the status of the wounds to identify the appearance of the wounds and if they were improving or deteriorating.

Review of a Resident's quarterly Summary for Resident #4 dated documents under the heading Skin - 'Warm and Dry'. There is no evidence of documentation the resident had wounds or the status of the wounds.

On at approximately 2:55 PM an interview was conducted with the Wellness Coordinator inquiring why Resident #4 was not on the LNS log as receiving daily care to which she responded the 3 residents listed on the LNS log require assistance with activities of daily living (ADL) and Resident #4 is independent with ADLs that is

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why he was not included on the LNS log. She did confirm the facility nurses were performing daily care for Resident #4.

On at 3:25 PM an interview was conducted with the LPN who confirmed care is being rendered daily to Resident #4. An inquiry was made what the wounds looked like and the LPN stated Resident #4 has wounds to his left and right toes next to the big toes and the right toe is bigger than the left toe She stated she would classify them as wounds and they are about the size of a penny, open, in color with a red spot in the middle. An inquiry was made where they document the status of the wounds to which she replied they only sign off on the TAR. A further inquiry was made how they would determine if the wounds were improving or deteriorating if they do not document the status of the wounds, to which she had no reply.

On at approximately 4:00 PM, an interview was conducted with the Wellness Coordinator in the presence of the Administrator and 2 corporate nurses, who after reviewing the quarterly Resident's Summary dated concurred there was no assessment and concurred there should be documentation of an initial assessment and additional assessments to determine the status of the wounds. Additionally, she concurred assessments should be documented to determine if the wounds are improving and if they are not, changes in care orders would be indicated.

Review of the facility Limited Nursing Services Log admission criteria documents services to include 'Dressing changes for s, or Closed Surgical Wounds.'

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a Limited Nursing Services (LNS) monitoring survey that was conducted on , 2015 by a representative 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. **Please forward documentation of correction to the Field Office within ten days of receipt of this letter.** 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547
XG90

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