STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942716	07/20/2015
NAME OF PROVIDER OR SUPPLIER **WESTCHESTER OF WINTER PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **558 N. SEMORAN BLVD.** **WINTER PARK, FL 32792**	

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

0000 Initial Comments

A complaint investigation CCR#2015004053 was conducted on / / . Westchester of Winter Park had a deficiency found at the time of the survey.

0010 Admissions - Continued Residency

Based on observation, interview and record review the facility failed to ensure the administrator monitored the continued appropriateness of placement of a resident in the facility for 2 of 3 sampled residents (#1and #9).

Findings:

During the entrance conference on at approximately 8:20 am, the administrator and lead nurse revealed resident #1, #2, and #9 needed two person assist to transfer.

1. In an interview with resident #1 on / at approximately 8:50 am he was observed as . He was not able to answer questions asked.

Record review for resident #1 revealed he was admitted on / . Further review revealed he is diagnosed with , and history of . The Health Care Assessment form (AHCA 1823), dated / , revealed under physical or sensory limitations; extremity and . Further review revealed a nursing evaluation dated / / ; extremity , braces on for all transfers. There is a monthly summary page dated / under nutrition stated; unable to feed self for ambulation/physical ability it noted; resident is unable to perform task.

In an interview with family hired staff on / at approximately 10:45 am she stated she was hired by resident #1's family to work 3 days a week, approximately 8 hours each day. She stated she provides the resident with total care for bathing and dressing. She stated 2 people have to lift him to a swivel circle. She stated they use the swivel to get him to the wheelchair and then pick him up and put him on the chair. She stated resident #1 cannot pivot and that is why they use the circle that swivels. She stated the resident can stand as long as 2 people hold onto him.

In an interview with staff C on at approximately 11:00am, she stated she normally works 3rd shift but is covering another shift for today ( ). She stated resident #1 is total care for bathing, feeding, changing and .

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In an interview with staff A on / at approximately 11:15am, she stated she works first shift. She stated resident #1 is total care for bathing and dressing. She stated resident #1 has a sitter 3 days a week and that helps. She stated the sitter feeds him and helps with lifting him on to the circle. She stated staff use a circle that swivels, and they lift the resident up onto the circle then turn the circle and lift him into his wheelchair. Staff A stated they have to do this for all of the transfers for resident #1

In an interview with staff B on / at approximately 11:30am, she stated she works second shift. She stated resident #1 is total care and that the family hired a person to help staff. She stated they use a circle to transfer him. She stated they lift him up onto the circle then spin the circle around and lift him back up and into his wheelchair.

2. In an interview with resident #2 on at approximately 9:00 am she stated she is on hospice. She stated she only gets out of bed with the help of hospice or the help of staff. She stated she can stand and pivot but staff are always there to assist in transferring.

3. In an interview with Resident #9 on at approximately 10:11am she stated she needs help with everything. She stated she is able to pivot once staff lift her up and put her feet on the circle. She stated the circle swivels and then staff can lift her back up and place her in her wheelchair. She stated she can help staff dress her, but needs staff to give her a bath.

Record review for resident #9 revealed she was admitted on / . The resident diagnoses were S/P , , , , and . The Health Care Assessment form (AHCA 1823), dated listed the resident diagnoses as S/P , , , , and : under Physical or sensory limitations; lack of coordination, risk and . Continued review revealed under the Activities of Daily Living section that use of pivot transfer board for toilet and total care for transfer.

In an interview with staff C on at approximately 11:00 am staff C stated that resident #9 cannot transfer on her own. She stated they pick her up and put her on the circle that swivels and then pick her up again and put her in the wheelchair.

In an interview with Staff A on at approximately 11:15 am stated that resident #9 is also lifted onto the circle that swivels and then they spin it and lift her into her wheelchair.

In an interview with the administrator and head nurse on / at approximately 3:00 pm, they had no response to the deficiency.

Class III

AGENCY FOR HEALTH CARE ADMINISTRATION

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015004053 w/LNS

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on , 2015 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
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