STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911328	09/29/2015
NAME OF PROVIDER OR SUPPLIER **WESTMINSTER TOWERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **70 WEST LUCERNE CIRCLE** **ORLANDO, FL 32801**	

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

0000 Initial Comments

An Abbreviated Biennial Relicensure Survey was conducted at Westminster Towers Assisted Living Facility on . There were deficiencies at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observations and interview the facility failed to ensure 2 of 2 unlicensed staff (#F and B) who assisted 2 of 2 sampled residents (#12 and 13) with self-administration of medications followed the correct procedure.
Findings:

Observations on / at approximately 12:45 PM noted staff #F was at the medication cart. The drawers were opened and she was observed to put some pills in a cup and put the pills (bubble pack) away in the drawer. The resident (#13) approached her and she handed him the pills in the cup, one at a time. She said this is your pain pill and your nerve pain pill. She observed the resident take the medication. Then signed the Medication Observation Record (MOR).
Observations on at approximately 1:10 PM noted staff #B unlocked the medication cart and cleansed her hands. She reviewed the MOR; retrieved a bubble pack and put a pill in a cup and signed the MOR. She then retrieved Voltaren Gel and went to the resident's . She told the resident (#12) "I came to give tour medication, your ". She placed the pill in the resident's hand and observed the resident take the medication. The staff put on gloves, squeezed a small amount on the gel and rubbed it on the resident's right knee and told the resident she would apply some Voltaren to her knee. Observation noted the box contained a measuring tool for the gel. The staff stated "Oh I forgot to use that".
In an interview with the administrator on at approximately 5 PM who stated the staff made her aware that she messed up during the med pass because she was nervous.
Class III

0078 Staffing Standards - Staff

Based on observations, record review and interviews the facility failed to ensure that all staff were assigned duties consistent with his/her level of education, training, preparation, and experience and allowed unlicensed staff to administer medications and apply and remove a leg brace to 1 of 3 sampled residents (#1).
Findings:
During the facility entrance on at approximately 9 AM the manager identified resident #1 as receiving ECC services for application of a leg brace. She added that unlicensed staff assisted the

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resident with self-administration of medications.
Record review for resident #1 revealed a health assessment report 1823 dated that listed diagnoses of high and . She needed medication administration. An order dated that indicated OK to ambulate with TLSO brace.
Continued record review revealed the Medication Observation Record indicated that the unlicensed staff gave the resident her medications.
In an interview with staff #B on / at approximately 3 PM who stated she assisted resident #1 with her brace and gave her medications.
In an interview with staff #F on at approximately 3:15 PM who stated she assisted resident #1 with her brace and gave her medications.
In an interview with the manager on / at approximately 5 PM, who stated the resident was their first ECC and it was a learning process. She was not aware the health assessment indicated medications needed to be administered; she overlooked it.
Class III

0083 Training - First Aid and

Based on personnel review and interview the facility failed to ensure that a staff member who had a current ( ) certification was in the facility at all times, when the residents were present.
Findings:
Review of the staff schedule revealed that Staff #D was scheduled to work from 11PM -7AM on / .
Personnel record review for staff #D revealed no evidence to confirm she had current . The First Aid certification was current and expired on / .
In an interview with the manager on at approximately 4:30 PM, who stated after searching her files that staff #D did not have .
Class III

0093 Food Service - Dietary Standards

Based on menu review, observations and interviews the facility failed to date the menus that were planned and served, maintain the last 6 months of menus, maintain enough non-perishable milk and did not store at all times supply of water sufficient for drinking to be used in the event of an emergency for the 40 residents of the facility or have a plan for obtaining water that was coordinated with and reviewed by the local disaster preparedness authority.

Findings:

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The facility was affiliated with the health and wellness center and their emergency food supply was for both facilities.

During an interview with the Administrator on at approximately 9:15 AM, he stated the census was 40 residents.

Observations on at 1 PM of the emergency food supply revealed there were only 264 ounces of non-perishable milk available. For the Assisted Living Facility 2880 ounces were required (24 ounces a day x 3 days x 40 residents).

Further observations revealed there were only 73 gallons of water and 120 gallons were required (1 gallon x 3 days x 40 residents). During an interview with the dietary manager at the time he stated the facility would use the collapsible for water. He was asked to provide documentation of an approved emergency plan coordinated with the local disaster preparedness authority that listed the collapsible .

Observations on / at 1:30 PM, revealed the menus that were used by the facility was posted by the elevator on the second floor in a locked board, further observations revealed that the menus were not dated and the menu posted did not have any of the food that was served for lunch.

During an interview with the Food Service manager on at approximately 2 PM, he stated the menus were not dated and the menus were cycled and the menu that was posted was not menu for the week in use. He stated he could not locate the last six months of menus because that previous dietitian threw them out. He stated the facility needed to order more non-perishable milk. He further stated he could not find in the emergency plan where the facility could use the Collapsible instead of storing water. He stated he had never been asked for that for the wellness center.

Class III

E205 ECC - Health Assessment

Based on interview and record review the facility failed to ensure that 1 of 3 residents who received Extended Congregate Care (ECC) services was examined by a health care provider pursuant to Rule 58 A-5.0181, F.A.C.
Findings:
During the facility entrance on at approximately 9 AM the manager identified resident #1 as receiving ECC services for application of a leg brace. Record review revealed a health assessment report 1823 dated . Facility note dated / indicated the resident was admitted to ECC

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services. Continued review revealed no evidence to confirm the facility obtained a health assessment before admission to ECC or within 60 days prior to admission to ECC.
In an interview with the manager on at approximately 4 PM, who stated the resident was their first ECC resident and they were in the learning process. A new health assessment was not available, just the original dated 2014.
Class III

E208 ECC - Records

Based on interview and record review the facility failed to ensure that nursing progress notes were maintained and nursing assessments were conducted for 1 of 3 residents who received ECC.
Findings:
During the facility entrance on / at approximately 9 AM the manager identified resident #1 as receiving ECC services for application and removal of a leg brace. Record review revealed an order dated that indicated OK to ambulate with TLSO brace. Continued review revealed no evidence to confirm nurses progress notes were maintained each time the brace was applied and removed; there was no evidence that a nursing assessment was conducted for the month of .
In an interview with the manager on / at approximately 4 PM, who stated the resident was their first ECC resident and they were in the learning process. The notes and the assessment were not available.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Westminster Towers
70 West Lucerne Circle
Orlando, FL 32801

RE: Relicensure w/ECC

Dear Administrator:

This letter reports the findings of a state licensure 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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

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