AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910106	04/04/2016
NAME OF PROVIDER OR SUPPLIER **WESTMINSTER COMMUNITIES OF BRADENTON,**	STREET ADDRESS, CITY, STATE, ZIP CODE **1700 21ST AVENUE, WEST BRADENTON, FL 34205**	

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

0000 Initial Comments

Assisted Living Facility

An abbreviated relicensure survey was conducted on . The Westminster Manor of Bradenton, Assisted Living Facility, had deficiencies at the time of the visit.

0078 Staffing Standards - Staff

Based on interviews and record reviews, the facility failed to ensure that 2 of 4 staff had been examined by a health care provider and were free of signs and symptoms of a communicable .

Findings included:

Staff B was hired on . There was no documented evidence in the personnel file that she had been examined by a health care provider at any time, in order to ensure that she was free of signs or symptoms of a communicable .
Staff C was hired on . There was no documented evidence in the personnel file that she had been examined by a health care provider at any time, in order to ensure that she was free of signs or symptoms of a communicable .
Interviews with the Human Resources Director and the Resident Assisted Living Director at approximately 2:00 P.M. confirmed that the training was not maintained in the personnel files.

Class III

0081 Training - Staff In-Service

Based on interview and record review, the facility failed to ensure that 3 of 4 direct care staff whose personnel files were reviewed, had received 1 hour of in-service training in safe food handling practices.

Findings included:

Staff B was hired on . There was no documented evidence in the personnel file that Staff B had received training in safe food handling practices.
Staff C was hired on . There was no documented evidence in the personnel file that Staff C had received training in safe food handling practices

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SUMMARY STATEMENT OF DEFICIENCIES
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Staff D was hired on / . There was no documented evidence in the personnel file that Staff D had received training in safe food handling practices
Interview with the Resident Assisted Living Coordinator revealed that all direct care staff assist in serving food to the residents. Observations were made during the noon meal of direct care staff serving food and assisting residents with food service.
Interview with the Food Service Director revealed that he could not recall providing in-service to direct care staff. He stated that he provides training to the dietary staff only.

Class III

0090 Training -

Based on interviews and record reviews, the facility failed to ensure that 1 of 4 staff received 1 hour of training in the facility's policies and procedures regarding ( ).

Findings included:

Staff C was hired on / / . There was no evidence in the personnel file that she had received training related to .

Interviews with the Human Resources Director and the Resident Assisted Living Director at approximately 2:00 P.M. confirmed that the training was not maintained in the personnel file.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Westminster Communities Of Bradenton,
1700 21st Avenue, West
Bradenton, FL 34205

Dear Administrator:

This letter reports the findings of a abbreviated biennial state licensure survey that was conducted on , , 2016 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 , 2016.** 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 **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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