STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942718	08/22/2016
NAME OF PROVIDER OR SUPPLIER **WESTCHESTER OF SUNRISE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **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 relicensure survey was conducted on 8/22/16 at Westchester of Sunrise (The), License #7440. The facility had deficiencies at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observation and staff interview, 1 of 2 staff assisting with self-administration of medications (Staff D) failed to follow the proper procedure for assisting with self-administered medications as outlined in 429.256(3)(a)(b), for 5 of 5 residents (Resident #'s 7, 20, 21, 22, 23).

The findings include:

On , beginning at 9 AM, during observation of Staff D assisting residents with self-administration of medications, this staff failed to (a) take the medication, in its previously dispensed, properly labeled container, from where it was stored, bring it to the resident; and (b) in the presence of the resident, read the label.

During the medication pass for each resident observed, the staff took the medication from the locked medication cart, removed medication from its labeled container(s) and or medication card(s), and placed into small medication cup. She, then, handed the cup of pills to each of the residents (Resident #'s 7, 20, 21, 22, 23). At no time did Staff D read the label of the medications being provided or verbally inform the residents of the medicationn(s) being provided.

This was discussed with Wellness Coordinator on at 4:00 PM, and it was acknowledged that staff did not follow the proper procedure as outlined in the state regulations.

Class III

0079 Staffing Standards - Levels

Based on interviews and record reviews, the facility failed to maintain a written work schedule that accurately reflects its 24-hour staffing pattern for a given time period.

The findings include:

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

1) On 8/22/16, a review was conducted of the 2016 Nursing Department's Schedule for Direct Care Staff (nurses, med techs and certified nurse's aides [CNA]) provided by the Wellness Director. This schedule documented the shift breakdowns as:
a) Nursing staff - 7 AM - 1:30 PM and 3:30 PM - 10 PM.
b) Med Techs & CNAs - 7 AM - 3 PM , 3 PM - 11 PM, and either 10:30 PM - 6:30 AM or 11 PM - 7 AM.
c) CNAs - 2 PM - 9 PM, 2:30 PM - 9:30 PM, or 3 PM - 10:30 PM.

2) The 2016 Nursing Department schedule showed 3 shifts consisting of 7 - 8 hours for Med Techs and CNAs. Nurses were scheduled for 2 shifts consisting of 6.5 hours.

The schedule for / shows the following:
a) 1st shift
1 Nurse (7 AM - 1:30 PM)
1 Med Tech (7 AM - 3 PM)
2 CNAs (7 AM - 3 PM)

b) 2nd shift
1 Nurse (3:30 PM - 10:30)
1 Med Tech (3 PM - 11 PM)
4 CNAs (3 PM - 10:30 PM)

c) 3rd shift
2 CNAs (10:30 PM - 6:30 AM and 11 PM - 7 AM)

3) Daily Scheduling Task Sheets were provided for / / to / . Daily Staffing schedule for / documents:
a) 1st shift - 1 nurse and 3 CNAs
b) 2nd shift - 1 nurse, 1 Med Tech, and 3 CNAs
c) 3rd shift - 2 CNAs

4) However, Time Detail sheets for actual hours worked by direct care staff on / reveals:
a) 1st shift
1 nurse (7 AM - 3 PM)
1 Med Tech (7:30 AM - 3:30 PM)
1 CNA (6:30 AM - 1:30 PM)

b) 2nd shift
1 nurse (3 PM - 11:45 PM),

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NAME OF PROVIDER OR SUPPLIER **WESTCHESTER OF SUNRISE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **9701 WEST OAKLAND PARK BLVD SUNRISE, FL 33351**	

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

1 Med Tech (3 PM - 11 PM)
2 CNAs (3:50 PM - 11:20 PM)

c) 3rd shift
2 CNAs (11 PM - 6:45 AM and 11:30 PM - 7 AM)

Review of the aforementioned information revealed scheduled hours did not equal actual hours worked. In all scheduling documentation for Med Techs and CNAs, schedules reflect 8 hour shifts; however, actual hours worked per shift often did not total 8 hours. During confidential interviews conducted with staff on , concerns were stated regarding scheduled hours and inadequate staffing to cover the care needs of the residents.

During confidential resident interviews conducted between the hours of 10 AM and 3 PM on , inadequate staffing concerns and response time of staff was reported.

This was discussed with Wellness Coordinator and the Administrator on at 4:00 PM, no further documentation was provided for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September [illegible], 2016

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

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on [illegible], 2016 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 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 [illegible], 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 representative. Should you have any questions please call the field office at 561-381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/ch
Enclosure

XG90

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