STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942716	09/19/2016
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

On a Biennial Re-licensure survey including Limited Nursing Services in conjunction with Complaint Inspection #2016006802 was conducted at Westchester of Winter Park Assisted Living Facility License Number 7289. Deficient Practice was identified during the survey.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to maintain a copy of the Resident Health Assessment form, 1823 in the resident record for 1 of 4 sampled residents (2.)
Findings:
Record review for resident #2 revealed she was admitted to the facility on . There was no evidence in her record of a health assessment form 1823 completed by a health care provider within 60 days before her admission or 30 following her admission.
On at 4:10 PM, the administrator confirmed the findings and said she could not find the form.
Class III

0030 Resident Care - Rights & Facility Procedures

Based on record review and interviews, the facility failed to ensure that 1 of 4 sampled residents (2) was treated with consideration and individuality regarding her food choices and did not address her grievances regarding food services and floor damage in her .
Findings:
1. During a phone interview with the son of resident #2 on at 11:00 AM, he said due to her religion she could not eat pork or meat and dairy products together. He said she had been previously served these items and had to ask for an alternative and on one occasion, the main course and alternative option were both pork. He said he notified the social worker on / , but was aware if it had been addressed.
Review of her record revealed a facility form dated labeled 'resident alert' and read she could not eat pork, shell fish, or meat and dairy together.
On at 3:10 PM, the dietary manager said he only had a food preference list for the nursing home residents.

2. Observation of the resident #2 revealed tile flooring upon entering the apartment. There had been a darkened area on the tile next to a mini refrigerator and a portion of lifting tile under the front of the refrigerator. During an interview with the resident on at 10:35 AM, she said the tile had been like that for a while and her son and daughter in law had a meeting with facility staff about it.
During an interview with the resident's son on at 11:00 AM, he said he and his wife met with the

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social worker on and showed her pictures of the tile, but he was aware if it had been addressed. Review of the grievance log revealed no entries for either complaint.
During a phone interview with the social worker on at 9:45 AM, she said the resident's son showed her pictures of the tile and told her the resident could not eat pork and pork had been served as an alternative. She said she did not write a formal grievance because it wasn't presented as something immediate and he was not angry about it. She said she spoke with maintenance.
Class III

0054 Medication - Records

Based on record review and interview the facility did not keep an up to date Medication Observation Record (MOR) for 1 of 4 sampled residents (2).
Findings:
Record review for resident #2 revealed a health assessment report form 1823 dated that read she required assistance with self-administration of medications. Her 2016 MOR listed 133 milligrams (mg) take 2 capsules in the evening. The 9:00 PM dose was blank on 8/5, and .
There were no notations on the back page of the MOR that indicated why those dates were blank.
On at 4:10 PM, the administrator confirmed the findings
Class III

0078 Staffing Standards - Staff

Based on personnel record review and interview, the facility failed to obtain an annual statement from a health care provider for 2 of 6 sampled Staff (A 7 B) documenting freedom from ( ).

Findings:

Personnel Record review for Staff A hired // , revealed the last documentation to confirm she was free from was dated // (due //).

Personnel Record review for Staff B hired // , revealed the last documentation to confirm she was free from was dated / (due and).

On at 3:45 PM, the administrator said she was unable to locate any more recent statements for the 2 staff members.

Class III

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0081 Training - Staff In-Service

Based on personnel record review and interview, the facility did not ensure staff received the required in-service training within 30 days of employment for 1 of 6 sampled staff (C).

Findings:

Staff C's personnel record review, date of hire / revealed no evidence or no documentation that the required in-service trainings were completed for the following:

1. control including universal precautions
2. Reporting major incidents and adverse incidents
3. Activities Daily Living (ADL) and behavioral needs
4. Emergency procedures and Emergency Evacuation
5. Resident rights and Elopement response
6. Recognizing/reporting , neglect, and and
7. Nutritional & safe food handling

An interview on at 2 PM with the administrator (staff D) who confirmed there was no documentation for the above required trainings.

Class III

0082 Training - /

Based on personnel record review and interview the facility did not ensure staff received a one-time course in / (/) within 30 days of employment for 1 of six sampled staff (C)..

Findings:

Staff C's personnel record review revealed no evidence or no documentation that the / was completed. Date of hire: /

An interview on at 2 PM with the administrator (staff D) who confirmed no documentation on file.

Class III

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0090 Training -

Based on personnel record review and interview the facility failed to provide evidence that 3 of 6 sampled staff (A, B and C) received the required ( ) training within 30 days of hire.

Findings:

On at 12:15 PM, when Staff A was asked the meaning of an , she said it was something regarding and she asked the agency's surveyor if it was when a resident faint? Further interview with Staff A revealed she did not have any idea of what a was.

Personnel record review for Staff A, hired / and Staff B, hired / , found no documentation to confirm they had received an in-service training regarding the Facility's policy & procedures.

On at 3:45 PM, the Administrator said she had no record of the training.

Staff C's personnel record review revealed no evidence or no documentation that the training was completed. Date of hire: /

An interview on at 2 PM with the administrator (staff D) who confirmed no documentation on file.

Class III

0093 Food Service - Dietary Standards

Based on record review and interview, the facility failed to ensure all regular and therapeutic menus were reviewed by a licensed or registered dietician, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietician, or a licensed nutritionist and failed to date menus and keep regular and therapeutic menus with substitutions on file for 6 months.
Findings:
1. The four week cycled menus dated through 10/9 did not contain evidence they had been reviewed by a licensed or registered dietician, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietician, or a licensed nutritionist.
On at 3:10 PM, the dietary manager said the company switched menus starting on / . The menu had not been dated and did not contain evidence they had been reviewed by a licensed or

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registered dietician, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietician, or a licensed nutritionist.
2. The facility did not keep regular and therapeutic menus as served, with substitutions on file in the facility for 6 months. On at 3:10 PM, the dietary manager said he did not have the menus for 2016 or , 1 through , , 2016.
Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provide a safe living environment for 1 of 1 sampled resident (2.)
Findings:
Observations of # revealed tile flooring upon entering the apartment. There had been a darkened area on the tile next to a mini refrigerator and a portion of lifting tile under the front of the refrigerator. During an interview with the resident on at 10:35 AM, she said the tile had been like that for a while and her son and daughter in law had a meeting with facility staff about it.
During an interview with the resident's son on at 11:00 AM, he said he and his wife met with the social worker on and showed her pictures of the tile but he was unaware if it had been addressed.
Review of the grievance log revealed no entry regarding the complaint.
During a phone interview with the social worker on at 9:45 AM, she said the resident's son showed her pictures of the tile. She said she did not write a formal grievance because it wasn't presented as something immediate and he was not angry about it. She said she spoke with maintenance.
Class III

N277 LNS - Resident Care Standards

Based on record review and interview the facility did not ensure that nursing services conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community for 1 of 4 sampled residents (1), who received Limited Nursing Services (LNS) and allowed Licensed Practical Nurses (LPN) to conduct nursing assessments and did not make sure to maintain a copy of a health care provider's order for 1 of 4 sampled residents (2) who received LNS.
Findings:
During the facility entrance on at 9:30 AM resident #1 was identified as receiving LNS for care.
Resident record review revealed a health assessment report dated left lower leg, , , , high , and . Healthcare

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provider's order dated indicated skilled nursing for . Another order dated indicated care. Order dated indicated clean under skin fold at , , site with soap and water, dry, place folded under skin fold, clean and change , daily.
A monthly summary dated / was conducted by an LPN, and co-signed and dated / by an RN.
A monthly summary dated was conducted by an LPN.
A monthly summary dated / was conducted by an LPN, the Wellness Director and co-signed by an RN.
A monthly summary dated was conducted by an LPN, the Wellness Director and co-signed by an RN.
The review revealed a monthly summary dated contained a signature and "ALF administrator" as credentials. Another monthly summary was dated was conducted by an LPN and co-signed by an RN.
A monthly summary dated revealed the assessment was conducted by an LPN and co-signed by an RN.
A monthly summary dated was conducted by an LPN.
In an interview with the administrator, a Registered Nurse on at 4 PM, who provided the nursing assessments and offered no further comment.

Record review for resident #2 revealed a health care provider order dated for at 2-3 liters as needed every bedtime, may self administer and a health care provider order dated / for at 2 liters per minute via nasal cannula with concentrator in needed, resident may self administer. Further record review revealed a form dated 2016 labeled progress note for LNS service, 2 liters' nasal cannula ongoing that had staff signatures and no evidence of a health care provider's order for staff to assist the resident with her
On at 4:10 PM, the administrator confirmed the findings

Class III

N278 LNS - Records

Based on record review and interview, the facility failed to maintain nursing progress notes for 2 of 4 sampled residents (1 & 2) who received Limited Nursing Services (LNS.)
Findings:
Record review for resident #2 revealed a facility form dated 2016 labeled "progress note for LNS service" that read 2 liters' nasal cannula and had separated columns titled date, on or off, signature, , and primary care provider notified. It contained a key that indicated 'Y' for

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yes and 'N' for no. It did not describe the outcome of the service rendered or the general status of the resident's health.

During the facility entrance on at 9:30 AM resident #1 was identified as receiving LNS for care.
Resident record review revealed a health assessment report dated left lower leg, high and . Healthcare provider's order dated indicated skilled nursing for . Another order dated indicated care. Order dated indicated clean under skin fold at site with soap and water, dry, place folded under skin fold, clean and change daily.
Continued record review revealed a facility form labeled "progress note for LNS service". The form listed the healthcare provider's order on the upper right side of the form. The form had a column for the date, time, initials and narrative. The form dated 2016, 2016, 2016 contained date, time and initials. The 2016 indicated on " -re-insertion of on ". From 3/2 to the form contained date, time and initials and in the narrative ("). From to the form contained date, time and initials.
The review revealed no evidence to confirm the facility maintained nursing progress notes or progress report " that were a written record of nursing services, other than medication administration or the taking of vital signs, provided to each resident who receives such services pursuant to a limited nursing license. The progress notes must be completed by the nurse who delivered the service and must describe the date, type, scope, amount, duration, and outcome of services that are rendered; the general status of the resident's health; any deviations; any contact with the resident's physician; and must contain the signature and credential initials of the person rendering the service.

In an interview with the administrator, a Registered Nurse on at 4 PM, who provided the documentation and offered no further comment.
Class III

Z814 Background Screening Clearinghouse

Based on Background Screening Clearinghouse (BGS) website and interview, the facility failed to ensure the employee roster reflected a list of employees currently employed by the facility within the required timeframes for 5 of 7 sampled staff (A, B, C, F, and G).

Findings:

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Review of personnel records for staff C (date of I/) and staff F (date of hire) revealed they were not timely reported on the employee roster with BGS within 10 business days of employment.

Staff A and Staff B who were observed working on the day of the survey; were not listed on the Background Screening clearinghouse employee roster.

Furthermore, the employee roster revealed that staff G (old administrator) date of hire was on I/_ I/_ _ I and termination date was still reported as working and not updated for termination within 10 business days after employment ended.

An interview on at 3:30 PM with the payroll coordinator confirmed that she was not aware that the employee roster had to be reported within 10 days of employment or termination.

An interview on at 5 PM with the current administrator (staff D) confirmed the findings.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: Re-licensure w/LNS

Dear Administrator:

This letter reports the findings of a 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 1, 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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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