STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910349	10/17/2016
NAME OF PROVIDER OR SUPPLIER **WESTMINSTER WOODS ON JULINGTON**	STREET ADDRESS, CITY, STATE, ZIP CODE **25 STATE ROAD 13** **JACKSONVILLE, FL 32259**	

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

0000 Initial Comments

On , 2016 a re-licensure survey was conducted at Westminister Woods on Julington Creek Assisted Living Facility, License number 6534. Deficient practice was identified during the survey.

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to provide documentation of Control Training and failed to show the required number of hours was completed for Elopement Training for 1 (Employee C)of 3 sampled employees.

The findings include:

Record review of Employee C's file on revealed there was no Elopement nor Control Training. Employee C date of hire was .

Interview was conducted with Employee D at 1:30 pm on . Employee D stated that Employee C did not finish the Control Training and confirmed that there were no hours documented for Employee's C Elopement Training.

Class III

0086 Training - ADRD

Based on observation, record review and interview, the facility failed to provide the required and Related Training training for 1 (Employee A) out of 3 sampled Employees.

The findings include:

Observation of the memory unit at 10:30 am on showed that there was a small gate around the back door of the unit. The gate was secured with a key lock.

Review of Employee A's file was conducted on . There was no and Related Training in Employee A's file.

An interview was conducted with the Employee D at 1:20 pm on . She stated that Employee A did not have the and Related Training. She stated that Employee A

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should have taken 's Level I and Level II Training, however, she took the Level I training twice. Employee D stated that the facility has a memory care support unit. She confirmed that there was a gate around the back exit door of the memory care support unit with a key lock on it. She stated that residents who are not have the code to exit the gate but the residents do not have the code to exit. Employee D provided the surveyor with a list of all the residents living on that unit. Employee D stated that all the residents on the memory support unit have except for 2 of the residents. Surveyor reviewed the list and 18 out of 20 residents on the list was outlined as having .

An interview was conducted with Employee E, Human Resource Assistant at 1:50 pm on . She stated that all the staff working normally receives the level I and II training. She stated that Employee A hire date was and confirmed that Employee A did not have the level II training.

An interview was conducted with Employee A at 2:00 pm on . Employee A stated that she works on all the units in the ALF. She stated that the facility has a memory care unit. She stated that the unit is considered memory care because lot of the residents have memory problems. Employee A confirmed that the back door of the unit has a gate with a keypad lock on it and only the staff members know the code to exit.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Westminster Woods on Julington
25 State Road 13
Jacksonville, FL 32259

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on , 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 , 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. Should you have any questions please call this office at .

Sincerely,

Jana Meyering, P
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure
XG90

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