STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911229	12/05/2016
NAME OF PROVIDER OR SUPPLIER **WESTMINSTER WINTER PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **1111 S. LAKEMONT AVENUE** **WINTER PARK, FL 32792**	

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

0000 - Initial Comments

A complaint investigation #2016012037 was conducted at Westminster Winter Park license #6503 on in conjunction with a biennial re-licensure survey. Westminster Winter Park had deficiencies at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview the facility failed to ensure it provided care and services appropriate to the needs of residents accepted for admission to the facility and did not make sure medications were given as prescribed and free from errors for 1 of 3 sampled residents (#2).

Findings:
Resident record review for resident #2 revealed an updated health assessment report dated did not indicate whether or not the resident needed 24 hour nursing supervision. The assessment did not indicate whether or not the resident needed assistance with self -administration of medications. She had diagnoses of , Gullian Barr , , high , and , .

Physician visit note dated / indicated resident #2 was seen and did not feel good. The note indicated the day before the facility staff gave the wrong medications to the resident. She was given and . The resident was to continue her medications and to monitor her closely relating to the wrong medication being given issue. There were no new orders given.

Facility note dated at 8 PM indicated resident #2 was given the wrong medications. The nurse on duty asked the medication technician (med tech) to give another resident in her medications, 5 mg and 2.5 mg and one Lumigan eye drop. The med tech misunderstood and gave the medications to the resident in 222. The last name of one resident and the first name of the other resident sounded similar. "That is why never use first names when giving meds". The healthcare provider was called and made aware of the error.

During an interview on at 2 PM the administrator stated the staff was counseled about medication practices and took a 2-hour medication error class.
Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility did not ensure the resident record included a completed health assessment form 1823 for 1 of 3 sampled residents (2).

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

Findings:

Resident record review for resident #2 revealed an updated health assessment report dated that did not indicate whether or not the resident needed 24 hour nursing supervisor. The assessment did not indicate whether or not the resident needed assistance with self -administration of medications.

During an interview on at 2 PM the administrator stated she was unable to locate a completed health assessment.
Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Westminster Winter Park
1111 S. Lakemont Avenue
Winter Park, FL 32792

RE: CCR #2016012037

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation 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 11, 2017.** 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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