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

On 5, 2015 a biennial re-licensure survey in conjunction with complaint survey #2016012037 was conducted at Westminster Winter Park license # 6503. There were deficiencies found at the time of the visit.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility did not ensure the Medication Observation Record (MOR) was kept updated for 1 of 4 sampled residents (#8).

Findings:

Record review for resident #8 revealed a health assessment 1823 form dated that read she required assistance with self-administration of her medications.
Review of her 2016 MOR revealed entries for:
1. 5 milligrams (mg,) 1 tablet by mouth three times a day and was blank on / for the 5:30 PM dose.
2. 500 mg, 1 tablet by mouth twice daily and was blank on / for the 5:30 PM dose.
3. S/ , 1 tablet by mouth twice daily and was blank on / for the 5:30 PM dose.
There was no documented explanation for the blanks on the MOR.
On at 1:00 PM, the assisted living coordinator said resident #8 received the medications and the staff just forgot to sign the MOR.
Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on interviews and record review, the facility did not make every reasonable effort to ensure prescriptions for 1 of 4 sampled residents (#8) who received assistance with self-administration of medications, were filled in a timely manner.
Findings:
During an interview with resident #8 on at 12:54 PM, she said the facility ran out of her medication "in the past several days."
Review of her record revealed a health assessment form 1823 dated / that read she required assistance with self administration of her medications.
Review of her 2016 Medication Observation Record (MOR) revealed entries for:
1. 5 milligrams (mg,) 1 tablet three times a day. The staff initials were circled on / at 5:30 PM and / at 6:30 AM, 12:30 PM, 5:30 PM. The back of the MOR read 'not found' and 'not available.'
2. 15 mg, 1 half tablet (7.5mg) by mouth at bedtime. The staff initials were circled on 11/9,

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11/10, 11/11, 11/12, 11/13, 11/15, 11/16, 11/17, 11/18. The back of the MOR read 'not found' and 'not available.'
3. 25 micrograms, 1 tablet by mouth daily. The staff initials were circled on 11/4. The back of the MOR read 'not available waiting on pharmacy.'
Review of her 2016 MOR revealed an entry for 25 micrograms, 1 tablet by mouth daily. The staff initials were circled on 12/4 and 12/5. The back of the MOR read 'pharmacy pending.'
on at 1:00 PM, the assisted living coordinator said the medications were unavailable and the facility was waiting on approval from the insurance company.
Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on resident record review and interview, the facility failed to ensure the resident contract contained a list of the specific services, supplies and accommodations to be provided by the facility to the resident, including Extended Congregate Care (ECC) services for 2 of 2 sampled residents (#1 and #3).

Findings:

Resident record review for resident #1 and resident #3 revealed no evidence to confirm the residents contract included a list of the specific services, supplies and accommodations to be provided by the facility to the resident, including ECC.

On at 2 PM, an interview with the administrator who confirmed that she was not aware these provisions must be included in the contract.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

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

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 , 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 (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure
XG90

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
.com/AHCAFlorida
Twitter.com/AHCA_FL
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