STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911229	R 02/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTMINSTER WINTER PARK	**1111 S. LAKEMONT AVENUE** **WINTER PARK, FL 32792**

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

0000 - Initial Comments

A follow-up visit to a biennial survey was conducted on , 2017. Westminister Winter Park, license #6503, had a deficiency at the time of the visit.

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

Based on record review and interview, the facility did not make every reasonable effort to ensure that a prescription for 1 of 3 sampled residents (#2) who received assistance with self-administration of medication was filled in a timely manner.

Findings:

Review of the 2017 Medication Observation Record (MOR) for resident #2 revealed an entry for D3 1,000 unit tablets; take 2 tablets (2,000 units) by mouth daily. The initials for the dose on and were circled. Documentation on the back of the MOR read 'waiting on pharmacy.'

Review of a facility form titled 'medication tracking log' revealed the D3 for resident #2 was ordered on and a note that read 'not received. Called pharmacy, waiting on insurance.'

Documentation on the back of the 'medication tracking log' read the facility received the D3 on .

During an interview with the assisted living coordinator on at 12:45 PM, she confirmed the facility-tracking log revealed the D3 was not ordered from the pharmacy until . The coordinator said the facility created the form as part of their plan of correction to their re-licensure survey.

Class III