STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942716	04/07/2017
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

A Limited Nursing Services (LNS) monitoring visit was conducted on , , 2017. Westchester of Winter Park, license #7289, had deficiencies at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on personnel record reviews and interviews, the facility failed to ensure that 1 of 4 staff (D) submitted a healthcare provider statement that indicated freedom from communicable including within 6 months prior to hire or within 30 days of hire and failed to ensure that 2 of 4 personnel records (A and C) contained documented evidence of a negative ( ) examination on an annual basis.

Findings:

1. Personnel record review for staff D, a wellness director hired on , revealed no evidence of a healthcare provider statement that indicated freedom from communicable including , as required.

2. Personnel record review for staff A, a certified nursing assistant, revealed a chest x-ray dated that indicated a normal chest exam without . There was no documented evidence of a negative examination for 2016 and 2017.

3. Personnel record review for staff C, a certified nursing assistant, revealed a chest x-ray dated that indicated no evidence of active . There was no documented evidence of a negative examination for 2015 and 2016.

During an interview with the administrator on at 2:35 pm, she confirmed the findings.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on personnel record reviews and interviews, the facility failed to ensure 1 of 4 sampled staff (D) received the required in-service training.

Findings:

Personnel record review for Staff D, a registered nurse, revealed a hire date of .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942716	**04/07/2017**
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)

There was no documented evidence in the record to indicate Staff D received in-service training regarding the facility's resident elopement response policies and procedures, reporting major and adverse incidents, and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, as required.

On at 2:35 PM, the administrator confirmed the findings.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on personnel record review and interview, the facility failed to ensure that 1 of 4 sampled staff (D) received the required in-service training on the facility's policies and procedures regarding ( ) within 30 days of hire.

Findings:

Personnel record review for Staff D, a registered nurse, revealed a hire date of . There was no evidence in the record to indicate she received training on the facility's policies and procedures regarding within 30 days of hire, as required.

During an interview with the administrator on at 2:35 PM, she confirmed the finding.

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observations, personnel record reviews, review of the online Agency background screening website, and interview, the facility failed to ensure 1 of 4 staff (A) who required a background screening, did not have any disqualifying offenses and allowed staff (A) to work without an eligible background screening.

Findings:

Observations made during the visit revealed staff A, a Certified Nursing Assistant, was present in the facility and provided resident care.

Personnel record review for staff A revealed an eligible level 2 background screening dated .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942716	**04/07/2017**
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)

There was no evidence a new background screening was conducted every 5 years, as required.

Review of the online Agency background screening website revealed staff A required a new screening .

During an interview with the administrator on at 2:12 PM, she confirmed the findings.

Unclassified