STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911328	04/20/2017
NAME OF PROVIDER OR SUPPLIER **WESTMINSTER TOWERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **70 WEST LUCERNE CIRCLE** **ORLANDO, FL 32801**	

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

0000 - Initial Comments

An Extended Congregate Care (ECC) monitoring visit was conducted on , , 2017. Westminster Towers, license #5991, had deficiencies at the time of the visit.

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

Based on personnel record reviews and interview the facility failed to ensure that 1 of 4 sampled staff (D) provided a written statement from a health care provider that indicated freedom from communicable .

Findings:

Personnel record review for staff D revealed a hire date of . The record did not contain a written statement from a health care provider that indicated freedom from communicable , as required.

During an interview with the administrator on at 2:30 PM, he did not provide an explanation.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on interviews and personnel record reviews the facility failed to ensure that 1 of 3 unlicensed staff (B) who provided assistance with the resident's medications received the initial 4 hour training and 2 of 3 unlicensed staff (A & C) received the annual 2 hours of continuing education on providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF).

Findings:

Staff A, B, and C were identified as unlicensed staff who assisted residents with medications.

Personnel record review for staff B revealed there was no evidence that she received the initial 4 hour training, as required.

Personnel record review for staff A and staff C revealed that they received the 2 hour annual update on . There was no evidence that they received the 2 hour update training in 2017.

On at 2:00 pm, the human resource director confirmed the findings.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Class III

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

Based on personnel record reviews and interview the facility failed to ensure that 4 of 4 sampled staff (A, B, C and 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 A revealed a hire date of .

Personnel record review for staff B revealed a hire date of .

Personnel record review for staff C revealed a hire date of .

Personnel record review for staff D revealed a hire date of .

The records contained no evidence that staff A, B, C, and D received the required in-service training regarding .

On at 2:00 pm, the human resource director confirmed the findings.

Class III