

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911229	(X3) DATE SURVEY COMPLETED 03/27/2018
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

An Extended Congregate Care (ECC) monitoring visit was conducted on, 2018. Westminster Winter Park, license #6503, had deficiencies at the time of the visit.

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

Based on record reviews and interview, the facility failed to ensure 1 of 4 personnel records (A) contained documentation of a negative () exam on an annual basis and failed to ensure 2 of 4 staff (A and B) submitted a written statement from a health care provider documenting freedom from communicable within 30 days after beginning employment.

Findings:

Review of the personnel record for staff A, a caregiver, revealed a hire date of The record did not contain a written statement from a health care provider documenting freedom from communicable, as required. In addition, the record contained results of a chest x-ray, dated on that indicated there was no evidence of active However, the record did not contain documentation of a negative exam for 2014 through 2018, as required.

Review of the personnel record for staff B, a caregiver, revealed a hire date of The record did not contain a written statement from a health care provider documenting freedom from communicable, as required.

On at 4:35 pm, the administrator confirmed the findings.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) 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 within 30 days of hire.

Findings:

Review of the personnel record for staff A, a caregiver, revealed a hire date of

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Review of the personnel record for staff B, a caregiver, revealed a hire date of . Review of the personnel record for staff C, a caregiver, revealed a hire date of . Review of the personnel record for staff D, a nurse, revealed a hire date of . On at 5 pm, the administrator said staff D transferred from the facility's skilled nursing facility to work in the assisted living facility on an unknown date in , 2018. The records for staff A, B, C, and D did not contain documented evidence to indicate they received a minimum of 1 hour in-service training within 30 days of employment that covered the facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, reporting major incidents and reporting adverse incidents, as required. In addition, the records for staff B and D did not contain documented evidence to indicate they received in-service training regarding the facility's resident elopement policies and procedures within 30 days of employment, as required. An opportunity was provided during the visit for the administrator to locate and provide the required documentation. On at 5:20 pm, the administrator said he was unable to provide any additional documentation. However, he believed with more time, the documentation could be located. An opportunity was provided for the facility to email the required documents to the surveyor by 11 am on . An email was received from the assistant administrator on at 10:48 am. However, the email did not contain the required documents. Class III		
0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC Based on personnel record reviews and interview, the facility failed to ensure that 1 of 3 unlicensed staff (B) who provided assistance with the resident's medications, 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) and failed to ensure that an unlicensed staff (C) who provided assistance with self-administered medications received the initial 4 hour training on providing assistance with self-administered medications in an Assisted Living Facility (ALF.)		

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Findings: Review of the facility's 2018 staffing schedule revealed staffs B and C, who were both unlicensed caregivers, were designated as staff who provided assistance with medications. 1. Review of the personnel record for staff B revealed an initial 6-hour training, dated on , on providing assistance with self-administered medications. However, the record did not contain documented evidence to indicate staff B received the annual 2 hours of continuing education on providing assistance with self-administered medications during 2017, as required. 2. Review of the personnel record for staff C revealed no documented evidence to indicate she received the initial 4-hour training on providing assistance with self-administered medication in an ALF, as required. An opportunity was provided during the visit for the administrator to locate and provide the required documentation. On at 5:20 pm, the administrator said he was unable to provide any additional documentation. However, he believed with more time, the documentation could be located. An opportunity was provided for the facility to email the required documents to the surveyor by 11 am on . An email was received from the assistant administrator on at 10:48 am. However, the email did not contain the required documents. Class III 0090 - Training - - 58A-5.0191(11) FAC Based on personnel record reviews and interview the facility failed to have evidence that 2 of 4 sampled staff (B and D) received at least one hour of training in the facility's policies and procedures regarding ('s) that included information in Rule 58A-5.0186, F.A.C. within 30 days after employment. Findings: Review of the personnel record for staff B, a caregiver, revealed a hire date of .		

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Review of the personnel record for staff D, a nurse, revealed a hire date of On at 5 pm, the administrator said staff D transferred from the facility's skilled nursing facility to work in the assisted living facility on an unknown date in , 2018. Neither of the records for staff B and D contained documented evidence to indicate they received at least 1 hour of training in the facility's policies and procedures regarding 's, as required. An opportunity was provided during the visit for the administrator to locate and provide the required documentation. On at 5:20 pm, the administrator said he was unable to provide any additional documentation. However, he believed with more time, the documentation could be located. An opportunity was provided for the facility to email the required documents to the surveyor by 11 am on An email was received from the assistant administrator on at 10:48 am. However, the email did not contain the required documents. Class III E210 - ECC - Training - 58A-5.0191(7) FAC Based on personnel record reviews and interview, the facility failed to ensure 1 of 3 direct care staff (B) completed at least 2 hours of in-service training in Extended Congregate Care (ECC) within 6 months of beginning employment. Findings: Review of the personnel record for staff B, a caregiver, revealed a hire date of The record did not contain documented evidence to indicate staff B completed at least 2 hours of in-service training in ECC within 6 months of beginning employment, as required. An opportunity was provided during the visit for the administrator to locate and provide the required documentation. On at 5:20 pm, the administrator said he was unable to provide any additional documentation. However, he believed with more time, the documentation could be located.		

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