STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942718	**07/10/2018**
NAME OF PROVIDER OR SUPPLIER **WESTCHESTER OF SUNRISE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **9701 WEST OAKLAND PARK BLVD SUNRISE, FL 33351**	

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

0000 - Initial Comments

An unannounced abbreviated re-licensure survey was conducted on - at Westchester of Sunrise (ALF), License #7440. The facility had deficiencies at the time of the visit.

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

Based on observation, record review and interview, the facility failed to ensure that all residents received their medications in a timely manner and that all Unlicensed staff that assist with self-administration medications follow physician orders , for 2 of 2 sampled Resident (Resident #2, Resident #3).

The findings included:

While observing a medication pass for morning medications between the times of 10:00 AM and 11:30 AM the following was observed:

1) Resident #2 received the following 8:00 AM medications at 10:20 AM:
a) Dr 20 MG *Do Not Crush* Take 1 capsule by mouth before a meal. The resident received the medications after breakfast had already been eaten.
b) 75 MG tablet, Take 1 tab by mouth daily.
c) 50 MCG tablet, take 1 tablet by mouth once daily.
d) 5 MG tablet, take 1 tablet by mouth once daily.
e) D3 2000 unit tablet, take 1 tablet by mouth once daily.
f) Therapeutic-M tablet, take 1 tablet by mouth once daily.
g) 325 MG tablet, take 1 tablet by mouth once daily.
h) 20 MG tablet, take 1 tablet by mouth once daily.
i) 100 MG Capsule, take 1 Capsule by mouth Once daily.
j) 20 mg, tablet, take 1 tablet by mouth once daily
k) 10 mg tab, take 1 tablet by mouth twice a day.

2) Resident #3 received the following 8:00 AM medications at 10:37 AM :

a) 25 mg tablet, take 1 tablet by mouth twice a day.
b) 20 mg tablet, take 1 tablet by mouth three times a day.
c) 200 MG tablet, take 2 tablets by mouth daily.

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d) 800 MG-150, take 1 tablet by mouth daily with breakfast.
e) 8.6 MG tablet, take 1 tablet by mouth daily.
f) , 50 MG tablet. take 1 tablet by mouth daily.
g) 200 MG-300 MG tablet, take 1 tablet by mouth daily.
h) ER 150 MG take 1 tablet by mouth once daily.
i) XR 150 MG Capsule, take 1 Capsule by mouth every morning.
j) ER 75 MG, XR 75 MG Capsule take 1 Capsule by mouth every morning.
k) ER 75 MG, XR 75 MG Capsule take 1 Capsule by mouth along with current dose. 500 MG by mouth every 12 hours for 7 days. (Resident refused).

During an interview with Staff A on at 10:42 AM it was stated that she is running late today is because she could not find Resident #2, and that she had to wait until Resident #3 finished breakfast.

During an interview with Administrator on at 2:00 PM, the findings were discussed and acknowledged. No further information was provided during this time.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review, observation and interview, it was determined that the facility failed to maintain certificates, or copies of certificates for in-service training completed for each staff member to ensure compliance with the required trainings, for 3 out of 3 sampled employee files reviewed (Staff A, B and C).

The findings included:

During an inteview with the Administrator on at approximately 10:30 AM, the personnel files were requested for Staff A, B and C for review to ensure training compliance. Upon review of each staff members file(Staff A, B and C), it was determined that none of the files had training certificates to show complaince with the required trainings for Direct Care Staff as required by the regulatory guidelines . Further interview with the Provider regarding the missing certificates, revealed the trainings are documented in the computer system on a training roster. Review of the requested roster revealed each employee had completed the required inservice trainings. However,the facility failed to complete

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SUMMARY STATEMENT OF DEFICIENCIES
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certificates for each training subject to illustrate the title of the training, the tranineer, contact hours, date of the training and the attendees name.

During an interview with the Consultant on at 2:40 PM, the findings were discussed, and acknowledged, no further documentation was provided for review.

Class III