STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942718	**08/23/2018**
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

A Limited Nursing Service (LNS) monitoring visit was conducted on . . . . . through . . . . . at Westchester of Sunrise, an Assisted Living Facility, License #7440. The facility had deficiencies at the time of the visit.

The LNS monitoring visit was conducted in conjunction with a complaint survey, CCR #2017015711. Please refer to separate report for findings.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to address resident needs to maintain quality of life for 1 of 4 residents reviewed receiving Limited Nursing Services (LNS) for , , , Resident #3, as evidenced by failing to assist with obtaining a portable , , unit to enable Resident #3 the ability to maintain social interaction.

The findings included:
Resident #3 began residing in the ALF on with diagnoses to include , , and , , , , resulting in .

Review of the facility LNS Log for , , 2018, signed as reviewed by the Wellness Coordinator on , revealed Resident #3 was listed as receiving LNS services for 'Regulation and Administer Portable , , and .'

On at 1:25 PM, an interview was conducted with Resident #3 in her . Resident #3 was seated in a wheelchair in front of an overbed table and was finishing her lunch. Resident #3 was observed to be using , , via nasal cannula with an extensive length of , , tubing connected to an , , concentrator located on the other side of her bed. Resident #3 expressed she has been using the , , on a continuous basis for a few weeks now. Four , , cannisters, one secured in a tank rack with wheels, were observed in her . An inquiry was made to Resident #3 if she ever eats her meals in the dining , to which she stated she always ate her meals in the dining . However, since she has required the , , on a continuous basis she has to have her meals brought to her . She stated she misses having her meals in the dining , however she does not have a portable , , tank that she can attach to her walker so she is stuck in her . She pointed to the , , cannister in the tank rack with wheels and stated, I can't walk with my walker and drag that tank along with me at the same time so I have no choice but to stay in my . Resident #3 stated she has asked for help obtaining a portable , , unit but nothing has happened so far. She stated a family

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942718	**08/23/2018**
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)

member from out of state will be visiting at the end of the first week of and maybe he can help her get a portable unit. Resident #3 stated she feels like a prisoner in her own . Additionally, she stated she has new that are ready and stated last week she was supposed to get her new but she did not have a ride. She stated maybe her family member can help her with that also.

On at 12:10 PM, an interview was conducted with the Aide assigned to the residents on Resident #3's hall. An inquiry was made about Resident #3's to which she stated Resident #3 is not able to go downstairs for her meals anymore because she does not have a portable tank, so now she has to bring Resident #3's meals to her . She stated she has been bringing the meals to the resident's about 2 weeks now and thinks she is waiting on getting a portable machine so she can leave her .

Review of Resident #3's clinical record revealed a physician order dated stating 'Please assist patient with .'

Review of the LNS Log Progress Notes for Resident #3 for 2018, revealed a notation at the top right corner of the page ' at 2 L (liters) via nasal cannula continuously.' Further review of the Progress Notes revealed daily documentation by the Licensed Practical Nurses documenting ' at 2 liters via nasal cannula in progress.'

On at approximately 3:40 PM, an interview was conducted with the ALF Manager and Wellness Coordinator apprising them of the observation of Resident #3 in her the use of continuous and inability to leave her to not being assisted with obtaining a portable unit. The Wellness Coordinator appeared and stated Resident #3 is not on . The Wellness Coordinator confirmed Resident #3 was listed on the LNS Log for the use of and treatments. The Wellness Coordinator was assured that Resident #3 was indeed on on a continuous basis, and the Licensed Practical Nurses were documenting on a daily basis the resident was on 2 liters of . The ALF Manager and Wellness Coordinator had no further comment.

Review of the ALF Residency Agreement, residents sign at the time of their admission, states in part under Health Policy - Services our staff will provide include: Assistance with tasks of daily living. You will receive assistance with tasks of daily living such as securing transportation, shopping, making appointments.

Review of the ALF Resident's Rights Policy states in part, 'Residents of this facility are hereby assured the right to: Access to adequate and appropriate health care consistent with established and recognized standards within the community.'

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942718	08/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTCHESTER OF SUNRISE (THE)	**9701 WEST OAKLAND PARK BLVD SUNRISE, FL 33351**

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

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, interview and record review the Assisted Living Facility (ALF) failed to ensure Medication Observation Records (MOR) and Treatment Administration Records (TAR) were accurate and updated to reflect what was ordered for 4 of 6 residents reviewed for Limited Nursing Services (LNS), Resident #1, Resident #2, Resident #3 and Resident #5, as evidenced by discrepancies in documentation of what was ordered, and what was and was not administered.

The findings included:

Resident #1 was admitted to the ALF on with a readmission to the facility on after a hospitalization.

Review of the clinical record revealed a Physician Order dated for inhaler via every 6 hours while awake for 10 days and then PRN (every 6 hours as needed). Review of the 2018 MOR revealed the treatments did not commence until , 4 days after the physician initiated the order. Further review of the 2018 MOR revealed Resident #1 received the up to and including with a hand written notation next to the last initials 'Complete'. Further review of the 2018 MOR revealed the were not documented to be continued as every 6 hours PRN once the order for every 6 hours was completed. Review of the Progress Notes revealed the last hand written entry dated documenting the was administered via the as ordered. Further review of the clinical record revealed no evidence of documentation why the medication was started 4 days after the physician ordered the medication.

On at 1:05 PM, an interview was conducted with a family member in the Resident #1. An concentrator was observed in the corner of the an inquiry was made if Resident #1 uses . The family member stated Resident #1 does not use the now, however a couple of weeks ago she had a very bad with and she was treated with and breathing treatments. The family member stated Resident #1 will sometimes now get short of breath but not to the point where she needs the .

On at approximately 3:15 PM an interview was conducted with the ALF Manager and Wellness Coordinator. The Wellness Coordinator was apprised of the physician order to continue the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942718	**08/23/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTCHESTER OF SUNRISE (THE)	**9701 WEST OAKLAND PARK BLVD SUNRISE, FL 33351**

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

treatments on a PRN basis once the 10 day course was completed. The Wellness Coordinator reviewed the physician order and MOR and had no comment.

2) Resident #2 was admitted to the ALF on .

Review of the pharmacy generated Treatment Administration Record (TAR) for 2018 in the clinical record, dated and signed by a Licensed Practical Nurse (LPN) attesting 'Complete Entries Checked', revealed Resident #2 was ordered Albuteral inhalation treatment every 6 hours on an as needed basis and inhalation treatment every 6 hours on an as needed basis. Hand written next to these 2 inhalation treatments is hand written 'SELF'.

On at 2:00 PM, an interview was conducted with Resident #2 in her . An inquiry was made if she uses the and Albuteral breathing inhalation treatments to which she stated she uses the inhalation about once a month, however she uses the in the puffer form the other times she needs it and takes it with her when she goes for her treatment just in case. An inquiry was made if she uses the Albuteral inhalation treatment to which she stated she only uses the in the puffer form and never uses the Albuteral. Resident #2 showed this surveyor the puffer container on top of her dresser.

Review of the 2018 MOR revealed no order for the puffers the resident was using.

Review of the LNS Log dated as reviewed by the Wellness Coordinator documented Resident #2 was under LNS services for Regulation and Administer Portable and Treatment.

On at 3:40 PM, the ALF Manager and Wellness Coordinator were apprised of the findings for Resident #2, noting on the facility TAR the and Albuteral are in the inhalation dosage form and the resident is using the puffer form of the only. The Wellness Coordinator was not aware she was using the puffers and not both the and Albuteral inhalation treatments as documented on the TAR. The Wellness Coordinator confirmed Resident #2 was under LNS and could not speak to why the medications were not updated to reflect what the resident was actually taking.

3) Resident #3 was admitted to the ALF on .

Review of the pharmacy generated TAR for 2018 in the clinical record, dated and signed by a LPN attesting 'Complete Entries Checked', revealed Resident #3 was ordered inhalation every 12 hours and inhalation every 12 hours both as routine medications and not on an as needed basis. Further review of the TAR revealed from through

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942718	08/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTCHESTER OF SUNRISE (THE)	**9701 WEST OAKLAND PARK BLVD SUNRISE, FL 33351**

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

, Resident #3 was only receiving the 8 AM dose of each medication, and not the 8 AM and 8 PM doses a day as ordered.

On at 1:25 PM, an interview was conducted with Resident #3 in her . Resident #3 had 2 liters of via nasal cannula going. Resident #3 stated she has to wear the at all times as she gets very short of breath. An inquiry was made how often she receives her inhalation treatments to which she stated she gets the breathing treatment once a day which is administered by the nurse.

Review of the LNS Log dated as reviewed by the Wellness Coordinator documented Resident #3 was under LNS services for Regulation and Administer Portable and Treatment.

Review of the LNS documentation completed by the licensed nurses for the month of 2018, revealed no evidence of documentation why the second doses of and were not being administered. Further review of the LNS documentation revealed on and , Resident #3 complained of and was administered a dose of the PRN (as needed) Albuteral inhalation treatment. Review of the TAR revealed the 2 doses of Albuteral administered on and were not documented as administered on those days.

During the interview with the ALF Manager and Wellness Coordinator on at 3:40 PM, they were apprised of the findings for Resident #3. The Wellness Coordinator confirmed Resident #3 was under LNS and could not speak to why the were not being administered twice daily as ordered and could not speak to the doses of Albuteral that were documented as given which were not documented on the TAR.

4)Resident #5 was admitted to the ALF on .

Review of physician orders for 2018 documented on , ointment was ordered to be applied to affected area to every shift.

Review of the pharmacy generated TAR for 2018 has hand written to the right of the order 'Private Duty'. Additionally, there is a hand written notation 'Albuteral 0.083% twice daily x 5 more days' with no initiation date and no stop date. Hand written next to this notation is documented 'Home Health'.

Review of the LNS Log dated , as reviewed by the Wellness Coordinator, documented Resident #5 was under LNS services for Regulation and Administer Portable and Treatment.

On at 1:45 PM, an interview was conducted with Resident #5 in his the presence of his

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942718	08/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTCHESTER OF SUNRISE (THE)	9701 WEST OAKLAND PARK BLVD SUNRISE, FL 33351

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

private duty aide who has been with Resident #5 for 5 years and assists with his activities of daily living. An inquiry was made what the ointment was for and the private duty aide stated the resident had a to his bottom however it has resolved and he has not had to use it for a while now. An inquiry was made if the resident was using the treatments to which the private duty aide stated the resident had a bad and was ordered the , however that was about 2-3 weeks ago and he no longer requires the breathing treatments.

During the interview with the ALF Manager and Wellness Coordinator on at 3:40 PM, they were apprised of the findings for Resident #5. The Wellness Coordinator confirmed Resident #5 was under LNS and could not speak to why the order on the TAR was not complete. Additionally she was not aware of the indication for use of the ointment. The Wellness Coordinator concurred these 4 resident's records were not an accurate listing of what the residents were actually using.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure the safe storage of cannisters was maintained for 1 of 1 residents observed with cannisters in their , Resident #3, as evidenced by cannisters observed in Resident #3's living quarters were not stored in a secure manner.

The findings included:
Review of the Limited Nursing Services (LNS) Log for 2018 revealed Resident #3 was under LNS for Regulation and Administer portable and .

On at 1:25 PM, an interview was conducted with Resident #3 in her . Resident #3 was observed to have being administered via nasal cannula via an concentrator. Resident #3 expressed that she has required the use of continuously for the past couple of weeks now as she becomes short of breath without it. Observed next to her chair were 3 cannisters lined up against the wall free standing and unsecured. An inquiry was made to Resident #3 if she uses these cannisters and who is responsible for them to which she stated she has these in case of a power outage, however was unsure who or how they got here.

On at approximately 3:40 PM an interview was conducted with the ALF Manager and Wellness Coordinator apprising them of the observation of unsecured cannisters in Resident #3's . The Wellness Coordinator appeared and stated Resident #3 is not on . The Wellness

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942718	08/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTCHESTER OF SUNRISE (THE)	**9701 WEST OAKLAND PARK BLVD SUNRISE, FL 33351**

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

Coordinator confirmed Resident #3 was on the LNS Log for the use of and treatments. The Wellness Coordinator was assured that Resident #3 was indeed on on a continuous basis. The ALF Manager and Wellness Coordinator had no further comment.

Class III

N278 - LNS - Records - 58A-5.031(3) FAC

Based on observation, interview and record review the Assisted Living Facility (ALF) failed to appropriately document status for 3 of 4 residents reviewed receiving Limited Nursing Services (LNS) for care and services, Resident #2, Resident #4 and Resident #6, as evidenced by no documentation of the use of and treatments for Resident #2, Resident #4 and Resident #6; and failed to document the status of wounds for 2 of 2 residents reviewed for skin conditions, Resident #1 and Resident #5 as evidenced by failing to document the status of a for Resident #1 and failed to doucument the skin condition for Resident #5.

The findings included:

1) Resident #1 was admitted to the ALF on . Review of the LNS Log for 2018 revealed Resident #1 was admitted under LNS for services of Dressing Changes, , Closed surgical sites, indicating Resident #1 had some type of that was being addressed. Further review of the LNS Log for 2018 revealed the Wellness Coordinator documented she reviewed it on .

Review of the LNS Progress Note documentation for the month of 2018 revealed no evidence of documentation of any status of a or skin condition.

Review of the Resident's Progress Notes from 2018 through 2018 revealed no evidence of documentation of any status of a or skin condition.

On at 1:05 PM, an interview was conducted with Resident #1 in her the presence of a family member and a private duty aide. An inquiry was made if Resident #1 had any wounds to which the family member stated the resident had a to her sacral area and the hospice nurse comes in to change the dressing about 2 times a week. A request was made to Resident #1 if an observation could be made of the status of her and with her consent, her private duty aide pulled down the resident's briefs to reveal the dressing to the resident's sacral area. The outside of the dressing was observed to have dark brownish stains. The private duty aide gently peeled the dressing half off to reveal

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942718	08/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTCHESTER OF SUNRISE (THE)	**9701 WEST OAKLAND PARK BLVD SUNRISE, FL 33351**

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

a sacral [redacted] the approximate size of a silver dollar. Yellowish brown drainage was observed on the [redacted] and on the dressing. The drainage was preventing an observation of the depth of the [redacted]. The private duty aide replaced the dressing and resident's briefs.

On [redacted] at approximately 3:10 PM an interview was conducted with the ALF Manager and Wellness Coordinator inquiring about the status of the resident's [redacted] to which the Wellness Coordinator stated the hospice nurse comes in to do the dressing changes. The Wellness Coordinator confirmed Resident #1 was listed on the LNS Log as receiving [redacted] care. An inquiry was made what the status of the [redacted] was and where the documentation of the status of the [redacted] was to which the Wellness Coordinator stated she has seen the [redacted] and it was getting better. A request was made to review her documentation of the status of the [redacted] to which she stated she did not document anything and was adamant the [redacted] was improving. The Wellness Coordinator was apprised the sacral [redacted] was observed and there was yellowish brown drainage on the dressing and on the [redacted] itself. The Wellness Coordinator had nothing further to say.

2) Resident #2 was admitted to the ALF on [redacted] with diagnoses to include [redacted] requiring [redacted] 3 times a week, [redacted] and [redacted].

Review of the LNS Log for [redacted] 2018 revealed the Log was reviewed by the Wellness Coordinator on [redacted].

Further review of the LNS Log for [redacted] 2018, revealed Resident #2 was placed under LNS for Regulation and Administer Portable [redacted] and [redacted] Treatments.

Review of the pharmacy generated Medication Observation Record (MOR) for [redacted] 2018 in the clinical record revealed Resident #2 was on [redacted] inhalation treatment, 2 puffs by mouth twice daily in addition to Albuteral inhalation treatment every 6 hours on an as needed basis and [redacted] inhalation treatment every 6 hours on an as needed basis. Additionally, the Albuteral and [redacted] inhalation medications were documented on the pharmacy generated Treatment Administration Record (TAR) for [redacted] 2018. Hand written next to these 2 inhalation treatments is hand written 'SELF', with no evidence of documentation any doses have been administered.

On [redacted] at 2:00 PM, an interview was conducted with Resident #2 in her [redacted]. Observed next to the right side of her bed was an [redacted] concentrator and [redacted] tubing. An inquiry was made if she requires the use of [redacted] to which she stated she would put the [redacted] on at 2 liters, only if she really needs it, which she stated is about once a week if the breathing treatment is not effective. She stated she uses the breathing treatment about once a month and takes it with her when she goes for her

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942718	08/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTCHESTER OF SUNRISE (THE)	**9701 WEST OAKLAND PARK BLVD SUNRISE, FL 33351**

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

treatment just in case. An inquiry was made if she uses the Albuteral and inhalation treatment to which she stated she only uses the in the puffer form and never uses the Albuteral. Resident #2 showed this surveyor the puffer container in addition to she stored in the fridge and other medications sitting on her bureau.

Further review of the clinical record revealed no evidence of documentation of the resident's status, no evidence of documentation when she required the to be put on and no evidence of documentation when the resident required the as needed puffer inhalation treatments.

On at 3:40 PM, the ALF Manager and Wellness Coordinator were apprised of the findings for Resident #2, noting on the facility TAR the and Albuteral are in the inhalation dosage form and the resident is using the puffer form. The Wellness Coordinator was not aware the resident was using the , in addition was not aware she was using the puffers and not both the and Albuteral inhalation treatments as documented on the TAR. The Wellness Coordinator confirmed Resident #2 was under LNS and could not speak to why there was no documentation of her status in her record.

3) Resident #4 was admitted to the ALF on with diagnoses to include accident, and .

Review of the LNS Log for 2018 revealed Resident #4 was placed under LNS for Regulation and Administer Portable and Treatments.

Review of the pharmacy generated MOR for 2018 in the clinical record revealed Resident #4 was on Discus , inhalation treatments twice daily in addition to Albuteral inhalation treatment 3 times daily as needed with the notation next to both medications, 'Self' documented in the Hour box next to the medication list.

Review of the 2018 TAR revealed the Albuteral treatments documented as 3 times daily as needed with the notation 'Self' next to the medication list. Further there was no evidence of documentation any doses have been administered.

On at 2:20 PM, an interview was conducted with Resident #4 in her . An inquiry was made if she uses the or as needed inhalation treatments to which she stated she will put the on if she feels short of breath however could not state how often that happens. She further stated she does not use the Albuteral very often but has it with her just in case. Resident #4 proceeded to point out all her medications sitting on top of her dresser to include the breathing treatments.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942718	08/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTCHESTER OF SUNRISE (THE)	**9701 WEST OAKLAND PARK BLVD SUNRISE, FL 33351**

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

Further review of the clinical record revealed no evidence of documentation of the resident's status, no evidence of documentation when she required the to be put on and no evidence of documentation when the resident required the as needed Albuteral inhalation treatments.

During the interview on at 3:40 PM with the ALF Manager and Wellness Coordinator were apprised of the findings for Resident #4. The Wellness Coordinator confirmed Resident #4 was under LNS and could not speak to why there was no documentation of her status in her record.

4) Resident #5 was admitted to the ALF on with diagnoses to include recurrent and gait instability.

Review of physician orders for 2018 documented on , ointment was ordered to be applied to affected area to every shift.

Review of the pharmacy generated TAR for 2018 has hand written to the right of the ointment order, 'Private Duty'.

Review of the LNS Log dated , as reviewed by the Wellness Coordinator, documented Resident #5 was under LNS services for Regulation and Administer Portable and Treatment. There was no documentation related to any services to be provided for or skin care.

Review of the resident's Progress Notes from , 2018 through the last entry on revealed no evidence of documentation or assessment of any skin condition that required the application of ointment.

On at 1:45 PM, an interview was conducted with Resident #5 in his the presence of his private duty aide. An inquiry was made what the ointment was for and the private duty aide stated the resident had a to his bottom so he was applying it after he was bathed. He stated it improved with the ointment and has pretty much resolved.

On at approximately 3:30 PM, an interview was conducted with the ALF Manager and Wellness Coordinator inquiring about the status of Resident #5's . The Wellness Coordinator stated the private duty aide was applying the ointment. A request was made to review documentation of an assessment or status of the to which the Wellness Coordinator stated they did not document about the as the private duty aide was looking after it.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942718	**08/23/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTCHESTER OF SUNRISE (THE)	**9701 WEST OAKLAND PARK BLVD SUNRISE, FL 33351**

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

5) Resident #6 was admitted to the ALF on with diagnoses to include and .

Review of the LNS Log for 2018 revealed Resident #6 was placed under LNS for Regulation and Administer Portable and Treatments.

Review of the pharmacy generated MOR for 2018 in the clinical record, revealed Resident #6 was on inhalation puffers once daily, puffers twice daily, Albuteral inhalation treatments every 4 hours as needed, inhalation treatments 4 times daily as needed and inhalation treatments every 4 hours as needed for .

Review of the 2018 TAR revealed the Albuteral treatments documented as every 4 hours as needed and the treatment 4 times daily as needed with the notation 'Self' next to the medication list. Further there was no evidence of documentation any doses have been administered.

On at 1:30 PM, an interview was conducted with Resident #6 in her . An concentrator and tubing were observed sitting next to the couch. An inquiry was made if she uses the or as needed inhalation treatments to which she stated she felt short of breath and used the just the other day. She stated she looks after her own medications and uses the every 4-5 hours. Resident #6 proceeded to show this surveyor 2 clear plastic bins stacked on top of one another full of medications under the side table.

Further review of the clinical record revealed no evidence of documentation of the resident's status, no evidence of documentation when she required the to be put on and no evidence of documentation when the resident required the as needed Albuteral or inhalation treatments.

During the interview on at 3:40 PM with the ALF Manager and Wellness Coordinator, they were apprised of the findings for Resident #6. The Wellness Coordinator confirmed Resident #6 was under LNS and could not speak to why there was no documentation of her status in her record.

Class III