STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911229	R 12/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTMINSTER WINTER PARK	**1111 S. LAKEMONT AVENUE** **WINTER PARK, FL 32792**

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

0000 - Initial Comments

A revisit to the re-licensure survey with Extended Congregate Care (ECC) was conducted on . Westminster Winter Park, license #6503, had deficiencies at the time of the survey.

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

THIS DEFICENCY REMAINS UNCORRECTED

Based on record review and interview the facility did not obtain a complete and accurate resident health assessment form (AHCA form 1823) for 1 of 3 sampled residents (#12).

Findings:

Review of the record for resident #12 revealed she was admitted on . Her current health assessment was dated . The provider used a previous of version of the 1823 form (2013 version). The form indicated she was independent with all Activities of Daily Living except assistance with bathing. It further documented she required medication administration.

On at11:30 AM, the assistant administrator stated the resident was able to place her pills in her and did not need administration. She said she did not realize the provider used the wrong form. She confirmed the findings.

Class III

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

DEFICENCY REMAINED UNCORRECTED

Based on personnel record review and interview, the facility failed to ensure that direct care staff had completed the minimum staff in-service training requirements within 30 days of employment for 1 of 5 sampled staff (K).

Findings:

Review of the personnel record for staff K, registered nurse hired , did not reveal evidence of training in 1) the facility's policies and procedures regarding emergency preparedness and evacuation,

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911229	R 12/19/2018
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)

including, chain of command, 2) recognizing & reporting , neglect and , , 3) elopement response training, 4) incident reporting, or 5) safe food handling & nutrition. In addition, documentation of the required 2 hour preservice orientation was not found in the record.

On at 2:30 PM, staff K and the assistant administrator confirmed the training documentation was not in the record.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

DEFICENCY REMAINED UNCORRECTED

Based on personnel record reviews and interview, the facility failed to ensure that 2 of 5 sampled staff (B and C) received the required training and annual updates regarding assisting with self-administration of medications.

Finding:

1) Personnel record review for staff B, caregiver hired , who provided assistance with the self administration of the residents medications revealed there was a certificate in her record that was dated that noted she had successfully completed a 6 hour medication administration F.A.C 65G-7 in compliance with the Agency for Persons with . There was no documentation to confirm she had obtained the 4 hour initial training in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF) found in her record.

2) Review of the personnel record for staff C, caregiver hired , and who provided assistance with self-administration of medications, revealed a 2 hour update training dated . A certificate for the initial 4 or 6 hours of -on training was not found.

On at 2:30 PM, the assistant administrator confirmed the findings.

Class III

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

DEFICENCY REMAINED UNCORRECTED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911229	R 12/19/2018
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)

Based on personnel record review and interview the facility failed to ensure that 1 of 5 sampled staff (K) had 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 K, registered nurse hired , did not reveal evidence of training in the facility's policies and procedures.

On at 2:30 PM, Staff K and the assistant administrator confirmed the training documentation was not in the record.

Class III

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

Based on personnel record review and interview, the facility failed to ensure that all training certificates met the requirements as specified in 58A-5.0191(12) FAC for 4 of 5 sampled staff (A, B, C and D).

Findings:

Review of the personnel record for staff A (caregiver hired), staff B (caregiver hired), staff C (caregiver hired) and staff D (the administrator hired) revealed a document entitled "New Employee General Orientation- Day 1." The form listed the topics covered in the orientation, including the time spent in each topic. But it did not include the signature and credentials of the trainer as specified in 58A-5.0191(12) FAC.

On at 1:45PM, the administrator stated he thought the form they had was acceptable, but confirmed the signature and credentials of the trainer were not on the form.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on facility record review and interview, the facility failed to maintain an up-to-date and accurate admission discharge log.

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911229	R **12/19/2018**
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)

Review of the admission discharge log on revealed the last entry for a resident admission to the facility was . The last page for discharges had only last names listed with no discharge dates. (Photographic evidence obtained)

On at 10:15 AM, the assistant administrator stated it had not been updated in a while and confirmed the finding.

Class III