STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942716	R 12/27/2018
NAME OF PROVIDER OR SUPPLIER **WESTCHESTER OF WINTER PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **558 N. SEMORAN BLVD.** **WINTER PARK, FL 32792**	

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

0000 - Initial Comments

Revisits to the re-licensure survey was conducted on 12/26/18 to 12/27/18. In addition revisits were conducted for complaint investigation #20180011278 complaint investigation #2018010841. The Westchester of Winter Park license #7289 had a deficiency at the time of the visit related to complaint investigation #20180010841.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on observations, record reviews and interviews the facility failed to ensure it provided Care and services appropriate to the needs of 2 of 9 sampled residents (8 & 6) did not follow a healthcare provider's order for a therapeutic diets and did not obtain an order for the use of .

Findings:

On the administrator provided a list of special diets. The list had 2 names. Residents # 8 and #6 were not listed as getting therapeutic diets.

1. Observations on at 9:45 AM noted an concentrator in the room of resident # 8. In an interview with resident #8 on at 9:45 AM who stated he used nightly.

Resident record review for resident #8 revealed a health assessment report 1823 dated listed diagnoses of , , and failure and was legally . The diet was indicated as controlled (average 60-75 ounces per/meal), 2 x day, and fluid restrictions 16600 ounce per day. He needed supplement at night. Facility did 2 oximetry and the results were 98 % saturation both times.

An updated health assessment dated indicated regular diet. Health care provider's order dated indicated the resident needed to be on a strict 1800 ADA diet and to increase to 35 Units at bedtime. The health assessment was revised by the healthcare provider on (survey date) and indicated the resident was to use by 2 liters, 24 hours a day 7 days a week. Discontinue 1800 ADA.

Clarification request orders from the facility to the healthcare provider dated (survey date) indicated discontinue 1800 ADA, change to regular diet, discontinue 24 hours a day, 7 days a

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week; , , at 2 liters per minute by as needed to self- administer.

There was no written evidence to confirm the facility followed the healthcare provider's dietary and fluid restriction orders, nor was there evidence the revised order received on was followed. There was no system to ensure that input and output was measured and that dietary staff was aware of the needed controlled , diet. There was no evidence the resident had been counseled and refused the orders and if so there was no evidence the healthcare provider was aware of his refusal.

The facility attempted to clarify the dietary orders after the Agency representative made the administrator aware that the dietary orders were not followed.

2. Resident #6 had a health assessment dated 12/ 24/18 listed diagnoses of high , , , ( ) and had a , . The diet was indicated as diet. Clarification order request dated (survey date) indicated to change diet to regular from . There was no evidence the resident had been counseled and refused the orders and if so there was no evidence the healthcare provider was aware of his refusal.

In an interview with the administrator on at 12:45 PM , who state the facility offered open seating , the residents were free to choose their meals and the facility could not accommodate special diets.

Class III