STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942716	R 12/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTCHESTER OF WINTER PARK	**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 deficiencies at the time of the visit related to the re-licensure survey.

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

DEFICIENCY REMAINED UNCORRECTED

Based on record review and interview the facility did not obtain a complete and accurate Resident Health Assessment form (AHCA form 1823) for 4 of 9 sampled residents (#5, #10, #14 & #22).

Findings:

1. Individual resident record review on 12/2618 revealed:

Resident #5 had a revised AHCA form 1823 that was not dated and did not address the resident's need in relation to medications. Those portions of the assessment were blank.

On the facility provided a copy of an AHCA form 1823 that was (survey date). The health assessment in the resident record on had portions blank.

2. Resident # 10 had an AHCA form 1823 dated that did not address the residents dietary needs or her needs regarding medications. Those portions of the assessment were blank.

On the facility provided a telephone order dated (survey date) at 1545 (3:45 PM) that indicated to add regular diet, needs assistance with medications with self-administration- clarification to 1823.

3. Resident # 14 had an AHCA form 1823 that was not dated. On the facility's Director of Nursing provided an AHCA form 1823 (survey date).

4. Resident # 22 had an AHCA form 1823 dated . Page one (1) of the assessment indicated

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staff to fill pill box, may self-administer. Page 4 of the assessment indicated the resident needed assistance and self-administration of medications. A written entry on page 4, dated indicated "eval done". Able to self-administer was also checked.

In an interview with the Director of Nursing on who said he conducted a self-administration assessment on and made the entry to 1823 and checked may self-administer.

The facility attempted to make the corrections during the course of the survey after the Agency representative made the administrator aware of the missing information on the assessments.

Class III

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on record review and interview the facility failed to ensure nursing services were conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community.

Findings:

In an interview on at 11 AM with the administrator who said that staff D, a Registered Nurse (RN), no longer was employed by the facility. Her last day of employment was . She had not appointed anyone because they had no resident on Limited Nursing Services (LNS).

The facility did not have an RN to conduct assessments and provide supervision /guidance to the Licensed Practical Nurses (LPN).

Class III