STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932543	**04/04/2019**
NAME OF PROVIDER OR SUPPLIER **WESTMINSTER PALMS**	STREET ADDRESS, CITY, STATE, ZIP CODE **830 N. SHORE DRIVE, N.E. SAINT PETERSBURG, FL 33701**	

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

0000 - Initial Comments

Assisted Living Facility

On , an abbreviated biennial relicensure survey was conducted at Westminster Palms (Lic. #5338). Deficient practice was identified during the survey.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, one of four staff sampled (B) who had been employed at least 30 days had not obtained a written statement from a health care provider verifying they did not have any signs or symptoms of communicable in addition to ( ).

Findings included:

During personnel file review during the survey, Staff B's record revealed a assessment, further review of the file found no evaluation from a health care provider (physician; advanced registered nurse practitioner; physician's assistant) attesting to this individual's freedom from other communicable .

Interview with the Assisted Living Coordinator and Human Resources Director at 1pm on , and again at 2:30pm the same day verified that this medical examination had not been obtained.

Class III

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

Based on record review and interview, one of three direct care staff sampled (C) who had been employed at least 30 days had not received all required training.

Findings included:

A review of Staff C's employee record during the survey found no documented evidence that any training in safe food handling had been obtained. Interview with the Assisted Living Coordinator at 1:30pm on confirmed that Staff C

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occasionally helped in the dining room with serving food, and did not know why this employee was missing the food safety training.

Class III