STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969199	**04/11/2019**
NAME OF PROVIDER OR SUPPLIER **WINDERMERE ASSISTED LIVING FACILITY CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **7050 BRAMLEA LN** **WINDERMERE, FL 34786**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . . . . . Windermere Assisted Living, LIC#13023 had deficiencies at the time of the visit.

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

Based on record review, observation and interview, the facility failed to ensure an accurate Resident Health Assessment form (1823) for 1 of 4 sampled residents (#3) was obtained 60 days before admission or 30 days after admission.

Findings:

In an observation of a medication pass on at 12pm, the administrator unlocked the medication container with Resident #3's medications and assisted Resident #3 with administering his medication of 25 mg.

Resident record review for resident #3 revealed a health assessment report (AHCA form 1823) dated was marked that the resident needed medication administration instead of needs assistance with self-administration of medication.

In an interview on at 12:15pm, the administrator confirmed the findings and stated the physician had marked the wrong box on the 1823 form.

Photographic evidence taken.

Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on record review and interview, the facility failed to ensure that 1 of 2 sampled staff (Staff B) completed the required / training within 30 days of hire.

Findings:

In a review on of Staff B's personnel record, it revealed she was hired on as a caregiver. In further review it confirmed Staff B did not have / required training.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969199	**04/11/2019**
NAME OF PROVIDER OR SUPPLIER **WINDERMERE ASSISTED LIVING FACILITY CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **7050 BRAMLEA LN** **WINDERMERE, FL 34786**	

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

In an interview on at 2pm with the administrator, he confirmed Staff B did not have / training but has been in direct contact with the residents since her hire date.

Class III

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on personnel record review and interview, the facility failed to ensure 1 of 2 sampled staff (B) completed the attestation of compliance with background screening form.

Findings:

In a record review on of Staff B's personnel record, it revealed she was hire on . Staff B's background check was completed on with no gaps in service. In further review there was no evidence that a compliance attestation was completed.

In an interview on at 11:30 am with the administrator, he confirmed the findings.

Class III