

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11911229</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>12/13/2021</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>WESTMINSTER WINTER PARK</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1111 S. LAKEMONT AVENUE<br/>WINTER PARK, FL 32792</b> |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|---|---------------|---|--------------------|
| {A 000}            | Initial Comments<br><br>A second revisit to Complaint Investigation #2021007762 was conducted at Westminster Winter Park on . The facility had an uncorrected deficiency at the time of the survey.   | {A 000}       |   |                    |
| {A 025} SS=D       | <p>429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision</p> <p>429.26<br/>(7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident ' s representative or designee of the need for health care services and must assist in making . for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident ' s representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition.</p> <p>59A-36.007<br/>An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.<br/>(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:<br/>(a) Monitoring of the quantity and quality of resident diets in accordance with rule</p> | {A 025}       |   |                    |

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| AHCA Form 3020-0001<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| {A 025}            | <p>Continued From page 1</p> <p>59A-36.012, F.A.C.</p> <p>(b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.</p> <p>(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.</p> <p>(d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.</p> <p>(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.</p> <p>(f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.</p> <p>This Statute or Rule is not met as evidenced by:<br/><b>DEFICIENCY REMAINED UNCORRECTED</b></p> <p>Based on record reviews and interview, the facility failed to follow a health care provider's order for 1 of 3 sampled residents (#17).</p> <p>Findings:</p> <p>Review of resident #17's record revealed an 1823, dated . . . . ., that indicated the resident's diagnoses included . . . . . and the resident required assistance with medications.</p> <p>The record contained two health care provider</p> | {A 025}       |   |                    |

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| {A 025}            | <p>Continued From page 2</p> <p>orders, one dated ... and the other ... Both instructed to give inject 8 units ... before each meal; Hold if ... &lt;100 or not eating.</p> <p>However, review of the resident's ... MOR revealed the ... was signed as given on ... despite the resident having a ... of 98.</p> <p>On ... at 3:24 p.m., agency nurse A said that when the resident's ... was 98 on ... she gave the resident some OJ, and sugar free apple pie then proceeded to give the ... She said she did not recheck the resident's ... after giving the snacks. The administrator was present during the conversation.</p> <p>Class III</p> | {A 025}       |   |                    |