

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER Westminster St Augustine		STREET ADDRESS, CITY, STATE, ZIP CODE 230 Towerview Drive Saint Augustine, FL 32092	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident and staff interviews and resident/facility record reviews, the facility failed to record, address, and resolve grievances for two (Residents #4 and #7) of two residents reviewed for grievances from a total survey sample of 15 residents. The findings include: 1. On 08/04/2025 at 10:50 AM, an interview was conducted with Resident #4, who reported the facility had lost three of her nightgowns purchased with her own money for \$69.00 each that she reported to the laundry supervisor who was no longer working for the facility. She stated she purchased the nightgowns to keep her warm and without them, the facility staff would place her in a hospital gown, and she got cold easily. One nightgown was found, but the other two, a cream-colored gown and a blue-colored gown were not. She was never reimbursed and no one from the facility had followed up with her to provide an update. She reported also speaking with someone from the social services department, but she didn't know their name. A record review for Resident #4 revealed she was most recently re-admitted to the facility on [DATE] and was initially admitted on [DATE]. Her medical diagnoses included nonrheumatic aortic (valve) stenosis, encounter for palliative care, anxiety disorder, and obstructive reflux uropathy. A review of the most recent Quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 05/15/2025, revealed that the resident's Brief Interview for Mental Status (BIMS) score was documented as 15 out of 15 possible points, indicating intact cognition. No hallucinations, delusions, or behaviors were noted over the assessment reference period. On 08/05/2025 at 12:01 PM, an interview was conducted with the Social Services Director (SSD) who confirmed that she was also the facility's Grievance Officer. When asked about the facility's grievance process, she stated there was a form completed when a grievance was reported. This was discussed by the Interdisciplinary Team (IDT) to determine who would be assigned to investigate the grievance. The SSD further stated if something came up that could be resolved immediately, she wouldn't complete a grievance form. For missing clothes, the laundry was contacted and the lost-and-found with Activities was checked. If the items were not located, she would complete a grievance form so the facility could start the reimbursement process. She reported being familiar with Resident #4, and stated she was aware of her missing nightgowns. She further stated the resident had reported her nightgowns missing before but usually they were found in the laundry, so a grievance form was not completed. A review of the facility's Grievance Log during the period of July 2024 - July 2025 revealed no recorded grievances for Resident #4 alleging she was missing items. Further, the facility had no reported grievances to review during this period of time. On 08/06/2025 at 10:13 AM, Resident #4 reported that the Social Services Department visited her, and her cream-colored nightgown was returned, but her blue one was not found and the facility agreed to replace it. She was already wearing the returned cream-colored nightgown and reported being happy that the facility met with her to address this concern. A review of the facility's admission Packet titled Westminster Communities of Florida, Health Center Admissions Comprehensive Form Acknowledgments (Revised 3/2024), Page 5 read: A log will be maintained of all complaints and grievances showing progression of resolution. On 08/06/2025 at 12:25 PM, an interview was (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 106040	Facility ID: 106040 If continuation sheet Page 1 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER Westminster St Augustine		STREET ADDRESS, CITY, STATE, ZIP CODE 230 Towerview Drive Saint Augustine, FL 32092	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	conducted with the Administrator, who explained the grievance process and stated their facility had a unique situation as the community was extremely small, allowing staff the opportunity to quickly resolve issues brought up to the resident or the resident's family's satisfaction. She said the issues were received and resolved verbally and then asked what the definition of a grievance was. A review of the facility's policy and procedure titled Resident and Family Grievances (revised 5/2025) revealed: It is the policy of this facility to support each resident's and family member's right to voice grievances without discrimination, reprisal or fear of discrimination or reprisal. Definitions: Prompt efforts to resolve include facility acknowledgement of a complaint/grievance and activity working toward resolution of that complaint/grievance. 2. The Grievance Official is responsible for overseeing the grievance process; receiving and tracking grievances through to their conclusion; leading any necessary investigations by the facility; issuing written grievance decisions to the resident. 11. Evidence demonstrating the results of all grievances will be maintained for a period of no less than three years from the issuance of the grievance decision. (Copy Obtained) 2. On 08/04/2025 at 1:03 PM, an interview was conducted with Resident #7, who reported her wheelchair didn't fit her well. She stated she told her Certified Nursing Assistant (CNA) and her nurse that she wasn't comfortable in her wheelchair. A record review for Resident #7 revealed she was admitted to the facility on [DATE]. Her medical diagnoses included unspecified abnormalities of gait and mobility, muscle weakness (generalized), nonexudative age-related macular degeneration, bilateral, stage unspecified, age-related osteoporosis without current pathological fracture, and unspecified osteoarthritis. A review of the most recent Comprehensive Minimum Data Set (MDS) assessment, dated 06/23/2025, revealed that the resident had a BIMS score of 15 out of 15 possible points, indicating intact cognition. No hallucinations, delusions, or behaviors were noted. On 08/06/2025 at 10:56 AM, an interview was conducted with Certified Nursing Assistant (CNA) E who stated she had worked at the facility for approximately 20 years. She confirmed being familiar with Resident #7 but could not recall whether or not the resident ever complained about her wheelchair. On 08/06/2025 at 11:06 AM, an interview was conducted with Licensed Practical Nurse (LPN) B who reported she had worked at the facility for a little over two years. She confirmed being familiar with Resident #7 and was aware that she had complained about her wheelchair to the therapy department approximately three to four weeks ago. On 08/06/2025 at 11:14 AM, an interview was conducted with the Therapy Program Director, who reported she had worked for the facility in her role for 4 1/2 years. She confirmed that Resident #7 was on her case load and the first time she received a complaint about her wheelchair was earlier this year in January. She explained the process when a complaint was received; they notified Social Services, who oversaw grievances and the grievance process. When asked if she reported the complaint about the wheelchair to Social Services, she confirmed she did not report it to Social Services. A review of the facility's Grievance Log for the period of July 2024 - July 2025 revealed no recorded grievances for Resident #7 alleging that she was uncomfortable with her wheelchair. Further, the facility had no reported grievances to review during this period of time. A review of the facility's admission Packet titled Westminster Communities of Florida, Health Center Admissions Comprehensive Form Acknowledgments (Revised 3/2024), Page 5 read: A log will be maintained of all complaints and grievances showing progression of resolution. A review of the facility's policy and procedure titled Resident and Family Grievances (revised 5/2025) revealed: It is the policy of this facility to support each resident's and family member's right to voice grievances without discrimination, reprisal or fear of discrimination or reprisal. Definitions: Prompt efforts to resolve include facility acknowledgement of a complaint/grievance and activity working toward resolution of that complaint/grievance. 2. The Grievance Official is responsible for overseeing the grievance process; receiving and tracking grievances through to their conclusion; leading any necessary investigations by the facility; issuing written grievance decisions to the resident . 8. Grievances may be voiced in the following forum: a. Verbal complaint to a staff member or Grievance Official . 10. Procedure: b. The staff receiving the grievance will record the nature and specifics of the (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER Westminster St Augustine		STREET ADDRESS, CITY, STATE, ZIP CODE 230 Towerview Drive Saint Augustine, FL 32092	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	grievance on the designated grievance form or assist the resident or family member to complete the form. 11. Evidence demonstrating the results of all grievances will be maintained for a period of no less than 3 years from the issuance of the grievance decision. (Copy Obtained)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER Westminster St Augustine		STREET ADDRESS, CITY, STATE, ZIP CODE 230 Towerview Drive Saint Augustine, FL 32092	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview and record review, facility staff failed to 1) Properly perform hand hygiene between disposable glove changes for one (Resident #1) of six residents observed during medication administration, and 2) Ensure to don the proper personal protective equipment for accessing a Peripherally Inserted Central Catheter (PICC) line for one (Resident #1) of one resident with a PICC line. The findings include: During an observation on 08/05/2025 at 11:10 AM, Licensed Practical Nurse (LPN) A completed Resident #1's blood glucose monitoring and removed the gloves from both hands. LPN A disposed of the used gloves and donned a new pair of gloves without performing hand hygiene in between. During continued observation on 08/05/2025 at 11:10 AM, LPN A flushed Resident #1's PICC line wearing gloves only. Resident #1 had a sign posted outside of his room door advising of Enhanced Barrier Precautions and that a gown and gloves were to be utilized when accessing an internal dwelling device. During an interview on 08/05/2025 at 11:20 AM, LPN A stated, I forgot to wash my hands. After prompting, LPN A stated, I'm supposed to wear a gown when I deal with his (Resident #1's) PICC line. During an interview on 08/06/2025 at 9:00 AM, the Director of Nursing (DON) stated, I expect them to perform hand hygiene in between glove changes. I also expect them to wear a gown and gloves and observe Enhanced Barrier Precautions for any resident with a PICC line. A review of Resident #1's active physician's orders dated 07/11/2025 revealed, Enhanced Barrier Precautions-staff to wear gloves and gown while performing high-contact care activities. Further review of Resident #1's active physician's orders dated 7/11/2025 revealed, Normal Saline Flush Intravenous Solution 0.9% (Sodium Chloride Flush) Use 10 ml [milliliters] intravenously every shift for maintenance. A review of the facility's policy titled Enhanced Barrier Precautions (reviewed January 16, 2025), revealed, Definitions: Enhanced barrier precautions refer to the use of gown and gloves for use during high-contact resident care activities for residents known to be colonized or infected with a MDRO [multi-drug resistant organism] as well as those at increased risk of MDRO acquisition (residents with wounds or indwelling medical devices). Policy Explanation 4. Showed to read High-Contact resident care activities include g. device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes. A review of the facility's policy titled Hand Hygiene (reviewed January 16, 2025), revealed, Policy Explanation and Compliance Guidelines: 6.a. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves.		