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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106118	A. Building B. Wing	12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westminster Baldwin Park	2653 Lake Baldwin Lane Orlando, FL 32814

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40892 Based on observation, interview, and record review, the facility failed to practice appropriate infection control during medication administration and per facility policy and procedures to prevent cross-contamination for 1 of 3 residents reviewed for medication administration, of a total sample of 18 residents. Findings: Resident #320 was admitted to the facility on [DATE] with diagnoses including metabolic encephalopathy, diabetes mellitus, and hypertension. A review of the physician orders for December 2024 revealed, vital signs every day and evening shift and Coreg oral tablet 12.5 [milligrams] two times a day for hypertension. On 12/09/24 at 4:11 PM, Registered Nurse (RN) A was observed during medication pass after she cleaned the portable blood pressure machine after taking vital signs on a resident. RN A completed cleaning the machine, covered it with a plastic bag, removed her gloves but did not perform hand hygiene. She then walked to the medication cart and picked up a medicine cup for resident #320. RN A handed the medicine cup to resident #320, who took the medication. RN A returned to the medication cart to perform documentation and resume her medication pass. RN A validated that she did not perform hand hygiene after removing her gloves after cleaning the portable vital sign machine. Hand hygiene is needed before and after performing procedures such as before and after handling invasive medical devices, performing aseptic tasks like wound care, and after removing gloves, (retrieved on 12/19/20 from www.cdc.gov). On 12/10/24 at 3:05 PM, the Director of Nursing stated that she expected staff to perform hand hygiene after removing gloves, after cleaning equipment and between administration of medication. A review of the facility's policy and procedure for Hand Hygiene, revised on 7/2023, revealed that all staff would perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. The procedure described that if the task required gloves, hand hygiene should be performed prior to donning the gloves and immediately after removing the gloves.

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