

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/24/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105757	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER WESTMINSTER TOWERS			STREET ADDRESS, CITY, STATE, ZIP CODE 70 WEST LUCERNE CIRCLE ORLANDO, FL 32801	
(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) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 554 SS=D	<p>Recertification survey was conducted from to . Westminster Towers was in continued non-compliance with 42 CFR Part 483 and 488, requirements for Long Term Care Facilities from the complaint survey of Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7)</p> <p>§483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents' self-administration of medication for 2 of 2 residents reviewed for self-administration of medications, of a total sample of 33 residents, (#57, and #83).</p> <p>1. Resident #57 was admitted to the facility on and readmitted on with diagnoses including drug- secondary , and , hypertensive , and</p> <p>A review of the Minimum Data Set (MDS) quarterly assessment with an assessment reference date of , revealed resident #57 had a () score of 13/15, indicating he was</p> <p>On at 1:58 PM, resident #57 was sitting on the right side of his bed. His nightstand was observed with a one-ounce</p>	F 554	<p>Preparation and execution of this plan of correction does not constitute admission or agreement of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by both federal and State laws.</p> <p>F554 Self Admin of meds Medications were immediately removed from rooms for residents #83 and resident #57. Self-administration of medication assessment was completed for resident #57 on . Resident #57 was reviewed for the c/o to right side on . Skin assessment completed on for resident #57 with no integrity issues. #83 was reassessed for . Resident #83 MD was contacted, and new order was obtained for cream to on . Resident #83</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

/2025

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.

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F 554	<p>Continued From page 1</p> <p>He stated he used it on the small _____ on his right _____</p> <p>On _____ at 2:05 PM, the resident's nightstand was observed by primary Registered Nurse (RN) C. She acknowledged the _____ on _____ the nightstand. A few minutes later the resident's physician orders were reviewed with RN C, which revealed no physician orders for _____. The RN explained that the resident had no orders and it should not be on his nightstand. RN C explained the nurse gave the medications ordered by the physician, and if a resident had medications unknown to the nurse, it could cause interaction with other medicines.</p> <p>On _____ at 12:09 PM, the Director of Nursing (DON) acknowledged resident #57's assessment revealed he was not to self-administer his own medications. The DON explained according to facility policy, residents must be evaluated, deemed appropriate and have physician orders to self-administer medication.</p> <p>2. Resident #83 was admitted to the facility on _____ with diagnoses including Covid-19, _____, and _____.</p> <p>A review of the MDS admission assessment with an assessment reference date of _____ revealed resident #83 had a _____ score of 13/15, which indicated she was _____.</p> <p>On _____ at 11:43 AM, resident #83 was seated in her wheelchair in her room. She stated she had _____ in both _____. She said she rubbed her _____ with the cream in her nightstand drawer and pointed to the drawer. Resident #83 indicated to open the drawer where a tube of</p>	F 554	<p>discharged home on _____</p> <p>An audit of the residents' _____ rooms completed by nursing management team on _____ did not reveal any additional over the counter medications or treatments stored at the bedside. All resident self-administration of medications were reviewed to ensure accuracy of self-administration and found to be correct.</p> <p>Resident # 57 and the family were educated regarding not having medication at bedside on _____ and to notify the nurse if the resident needs a specific product, so staff is able assess and to update the physician. Resident #83 discharged home.</p> <p>The licensed staff were in-serviced by the DON and/or designee regarding self-administration of medications, including families should not bring in any over the counter medications and they are required to report to the charge nurse any medications found at bedside. The education will be completed to staff on _____.</p> <p>Facility will provide education to residents and families via the Monthly Activities Newsletter regarding not to bring in any medications and to notify the nurse if you feel a specific medication is needed so the physician may be notified. This will notify all existing residents. A new process was put in place adding a notice to new admissions packet requesting</p>	

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F 554	Continued From page 2 Voltaren cream 50-grams was found. Resident #83 stated her daughter brought it for her to use on her _____ as she did at home. On _____ at 4:48 PM, the resident's nightstand was observed with RN D, the 3:00-11:00 PM supervisor, and the primary nurse who observed the tube of Voltaren at the bedside. A few minutes later resident #83's physician orders were reviewed with RN D who acknowledged there were no orders for the Voltaren. RN D stated he would contact the physician for an order to administer the Voltaren. He acknowledged the medication should not be kept at bedside for self-administration and placed the Voltaren in a plastic bag for safekeeping on the treatment cart. On _____ at 12:09 PM, the DON stated residents were assessed for self-administration upon admission. The DON stated the resident's assessment revealed she was not to self-administer her own medications. The DON said that facility policy was residents must be evaluated, deemed appropriate and have physician orders to self-administer medication. A review of the facility's policy and procedure for Resident Self-Administration of Medication dated _____ revealed, "A resident may only self-administer medications after the facility's interdisciplinary team has determined which medications may be self-administered safely."	F 554	outside medications not to be brought in and notifying the nurse if something specific is needed. Staff who complete Angel rounds were educated to focus on monitoring for medications at bedside during rounds and to report to the charge nurse any found. Staff also educated to ask the resident if they have any medication not obviously visible in the room. Angel rounds audits will be submitted to the NHA for review upon completion for any reports of medication at bedside. Random weekly audits of 5 resident rooms per floor will be conducted four times a week by the DON and/or designee to ensure any medications are not stored in the resident's room without a physician's order. The room audits will be conducted for a minimum of 3 months or until significant compliance is met. The results of the audits will be submitted to the Administrator for review and discussed at the monthly QAPI committee meeting. The committee will direct improvement to the plan when necessary to achieve and maintain compliance.	
F 655 SS=D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) \$483.21 Comprehensive Person-Centered Care Planning \$483.21(a) Baseline Care Plans	F 655		

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F 655	<p>Continued From page 3</p> <p>§483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must-</p> <ul style="list-style-type: none"> (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- <ul style="list-style-type: none"> (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) _____ services. (E) Social services. (F) PASARR recommendation, if applicable. <p>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-</p> <ul style="list-style-type: none"> (i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section). <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <ul style="list-style-type: none"> (i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. <p>() Any updated information based on the details</p>	F 655		

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F 655	<p>Continued From page 4</p> <p>of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, and record review, the facility failed to ensure a written summary of the baseline care plan was provided to 1 of 2 residents reviewed for care plans, (#390); and failed to provide a written summary of the baseline care plan within the required time frame for 1 of 2 residents reviewed for care plans, (#546), of a total sample of 34 residents.</p> <p>Findings:</p> <p>1. Resident #390, a _____ male was admitted to the facility on _____. His diagnoses included right ankle _____, generalized _____, and open _____ right _____.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated _____, revealed the resident's cognition was intact, with a _____ (_____) score of 15 of 15.</p> <p>On _____ at 2:46 PM, resident #390 stated he did not recall receiving a written summary of his initial care plan.</p> <p>Review of the resident's Baseline Care Plan Assessment with effective date of _____, and lock date of _____, revealed signatures for staff who completed the plan, however a signature for the resident or his representative was not identified.</p> <p>On _____ at 11:13 AM, the Social Service Director (SSD) stated baseline care plans were</p>	F 655	<p>F655 Baseline Care Plan</p> <p>Resident #390 baseline care plan was completed and reviewed with the resident on _____.</p> <p>Resident #546 baseline care plan was completed and reviewed with the resident on _____.</p> <p>An audit of current residents' _____ records for the baseline care plans was completed by nursing management on _____.</p> <p>Baseline care plans were completed as appropriate</p> <p>The licensed staff will be in-serviced by the DON and/or designee regarding providing a written summary of the baseline care plan within the required time frame. Newly Admitted resident baseline care plan will be reviewed and updated with 48- hour time frame. Nursing staff will review baseline care plan completion date with resident daily to ensure completion within 48-hours.</p> <p>Weekly audits of all new admissions will be completed by the DON and/or designee for three month then until significant compliance has been met to ensure the baseline care plan has been completed within the required time frame.</p> <p>The results of the audits will be reviewed and discussed at the monthly QAPI committee meeting. The committee will direct improvement to the plan when</p>	

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F 655	<p>Continued From page 5</p> <p>initiated on admission. He explained that the Interdisciplinary Team (IDT) would review the baseline care plan with the resident/ family, the baseline care plan would then be signed by the members of the IDT, the resident/ family, and nursing would provide a copy of the baseline care plan to the resident/family.</p> <p>On _____ at 12:41 PM, the 2nd Floor Unit Assistant Director of Nursing (ADON) stated he completed the baseline care plans, reviewed them with the residents/ families, signed the baseline care plan, and provided a copy to the residents/families. Resident #390's Baseline Care Plan Assessment was reviewed with the ADON. He confirmed he completed the baseline care plan and acknowledged that a signature for the resident/ representative was not documented on the baseline care plan. The ADON verbalized the baseline care plan should be signed by the resident, printed and a copy provided to the resident, then the signed, printed copy would be uploaded to the resident's medical record. He could not say if a copy was provided to resident #390 as required.</p> <p>A review of the resident's clinical records, revealed documentation to indicate a copy of the baseline care plan was provided to the resident/representative could not be identified. This was acknowledged by the ADON.</p> <p>On _____ at 2:32 PM, the Director of Nursing (DON) explained that when there was a new admission, the baseline care plan was triggered, should be completed by the IDT, printed, and a copy provided to the resident/representative. She said the ADONs were responsible to obtain a signature from the resident/representative.</p>	F 655	necessary to achieve and maintain compliance.	

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F 655	<p>Continued From page 6</p> <p>On at 3:12 PM, the DON, and Administrator stated they could not locate a copy of the resident's baseline care plan. The Administrator stated they spoke with the resident, showed him the document and the resident said he did not recall seeing the document.</p> <p>The facility could not identify any documentation or locate a copy of the signed baseline care plan to indicate a copy was provided to the resident/representative.</p> <p>2. Resident #546 was admitted to the facility on with diagnoses including aftercare following surgery on the system, low, and of the</p> <p>Review of the MDS admission assessment with an assessment reference date of revealed resident #546 had a score of 14/15, which indicated she was</p> <p>On at 2:20 PM, resident #546 stated she was admitted to the facility for care following surgery on Friday, and had received an explanation of her care plan. The resident stated she remembered signing many papers since admission but was not given a copy of the care plan.</p> <p>A review of the resident's clinical records revealed a baseline care plan, which indicated resident #546's admission date was. The summary and signature areas revealed the document was not signed until by the ADON and by the resident on</p>	F 655			

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F 655	Continued From page 7 On at 1:03 PM, the 2nd floor ADON said resident #546 was admitted on a Friday. The ADON said he did not work Saturdays, so the Weekend Supervisor should have completed the baseline care plan that day. The ADON stated he finished the baseline care plan on . . . and gave it to the resident to sign on . . . He acknowledged that the baseline care plan should have been completed and signed within 48 hours of admission, so the resident could be knowledgeable of the care plan. Review of the facility's policy and procedure for baseline care plan dated revealed, "The baseline care plan will be developed within 48 hours of a resident's admission. A supervising nurse shall verify within 48 hours that a baseline care plan has been developed...A written summary of the baseline care plan shall be provided to the resident and representative...the person providing the written summary of the baseline care plan shall: a. Obtain a signature from the resident/representative to verify that the summary was provided. b. Make a copy of the summary for the medical record."	F 655			
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide showers per resident preference and as scheduled for 1 of 2	F 677	Resident #75 Received a shower on per his preference. receives showers per his preference. If he refuses		

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F 677	<p>Continued From page 8</p> <p>resident reviewed for Activities of Daily Living (ADLs), of a total sample of 34 residents, (#75).</p> <p>Findings:</p> <p>Review of resident #75's medical record revealed he was originally admitted to the facility on and readmitted from a short-term, acute hospital on . His diagnoses included (narrowing of the space around the cord or) and of .</p> <p>Review of resident #75's quarterly Minimum Data Set (MDS) assessment with Assessment Reference Date of revealed he had a score of 15 out of 15 which indicated intact cognition. The MDS assessment showed resident #75 was dependent on staff for showers/baths and required for personal hygiene. The MDS assessment noted no rejection of care necessary to obtain goals for his health and well-being.</p> <p>Review of resident #75's comprehensive care plan with ADL focus revised on revealed he preferred showers three times a week and as needed. The interventions showed he required transfers with a by two staff.</p> <p>Review of resident #75's Kardex Report (plan of care used by Certified Nursing Assistants (CNAs)) revealed showers were scheduled every Monday, Wednesday, and Friday during the 7 AM to 3 PM shift.</p> <p>On at 11:22 AM, resident #75 stated he took daily showers prior to his admission to the facility. He shared he had not received showers</p>	F 677	<p>his scheduled shower, the CNAs will document the refusal and notify the nurse. Resident's care plan was updated to offer a bed bath if resident declines a shower.</p> <p>An audit was completed to ensure showers were completed per the resident preference and as scheduled with refusals documented. Any discrepancies were corrected as appropriate.</p> <p>The DON and/or designee will in-service the CNAs and licensed staff to provide showers per resident preference and as scheduled, including documentation of resident refusal and notification of the nurse. Staff will honor resident preferences for showers. Resident preferences will be care planned.</p> <p>Random weekly audits of five residents for each floor/unit will be completed by the DON/designee to provide showers per resident preference and as scheduled, including documentation of resident refusal. The audits will be completed weekly for a minimum of three months or until significant compliance had been met.</p> <p>The results of the audits will be forwarded to the Administrator for review and discussed at the monthly QAPI committee meeting. The committee will direct improvement to the plan when necessary to achieve and maintain compliance.</p>		

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F 677	<p>Continued From page 9</p> <p>as scheduled in the facility. He explained he was not asked if he wanted his shower on the scheduled shower days and at times received a bed bath instead, but he preferred showers.</p> <p>Review of resident #75's ADL - Showers Report from . . . to . . . revealed he did not receive a shower or bed bath on the following scheduled days: . . . , and . . .</p> <p>Review of resident #75's Progress Notes from . . . to . . . revealed no refusals of showers or care documented.</p> <p>On . . . at 1:30 PM, CNA E stated resident #75 required total care for showers. She explained when resident #75 refused showers, she offered, and he agreed to bed bath. She indicated she informed the nurse when he received a bed bath instead of a shower so the nurse could document why she gave a bed bath.</p> <p>On . . . at 1:46 PM, CNA F stated resident #75 required transfer assistance with a . . . and was dependent on staff for showers. She shared he "sometimes" refused showers. She explained she informed the nurse when he refused showers, even when she provided a bed bath. She indicated she documented what he received in his medical record. She stated documentation should reflect a bed bath or shower three times per week.</p> <p>On . . . at 2:46 PM, Registered Nurse (RN) G stated the facility honored resident wishes. RN G indicated when a resident refused showers, she entered a progress note in the medical record. She stated she was not aware of any refusals for</p>	F 677			

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F 677	Continued From page 10 showers for resident #75. RN G said, "No one has reported any refusals to me." On at 3:52 PM, the Unit Manager (UM) for the 3rd floor unit stated she was not aware of any refusals of showers from resident #75. Later at 5:05 PM, the UM indicated she could not say why showers were not documented when scheduled. She mentioned she checked the nursing staff documentation on her unit, but said she did not "feel comfortable" discussing her findings with the surveyor. On at 5:39 PM, the Director of Nursing (DON) explained residents received showers based on the schedule in the Kardex. She stated she was not aware resident #75 was not getting showers as scheduled or refusing showers. The DON indicated she expected CNAs to ask residents if they wanted to take a shower on their scheduled days and if they refused, the CNAs should offer a bed bath. She shared that refusals should be documented in the medical record. Review of the Resident Showers policy and procedure revised on read, "Residents will be provided showers as per request or as per facility schedule protocols . . ."	F 677			
F 684 SS=E	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of	F 684			

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F 684	<p>Continued From page 11</p> <p>practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, and record review, the facility failed to follow physician orders and ensure the comprehensive care plan was implemented for 1 of 5 residents reviewed for unnecessary medications and medication regimen, of a total sample of 34 residents, (#43).</p> <p>Findings:</p> <p>Review of resident #43's medical record revealed she was originally admitted to the facility on _____ and readmitted from a short-term, acute hospital on _____. Her diagnoses included _____ (_____), type 2 _____, and _____.</p> <p>Review of resident #43's comprehensive care plan with a _____ focus revised on _____ revealed potential for altered _____ status. The interventions included, "Administer _____ medications as ordered . . . Monitor vital signs as ordered."</p> <p>Review of resident #43's medical record revealed a physician order dated _____ for _____ 100 milligrams (mg) three times a day (_____) for _____. The order directed the nurses to hold the medication if the _____ (_____) was less than 110 and the _____ rate (HR) was less than 65.</p> <p>Review of the Pharmacist's Report to Nursing form dated _____ read, "This resident has the following order which includes _____ (_____) and/or _____ rate parameters to follow prior</p>	F 684	<p>Resident #43 was assessed by the physician on _____ upon notification of the medication concern. The _____ was discontinued, and a new order written for _____.</p> <p>An audit of current residents with _____ medications with parameters for administration was completed by the DON and /or designee to ensure medications were administered within the parameters. The physician was notified of any discrepancies.</p> <p>The licensed staff were in-serviced by the DON and/or designee on medication administration guideline to follow the physician orders, including medication parameters.</p> <p>Weekly audits will be completed by the DON and/or designee for a minimum of three months or until significant compliance has been met to ensure licensed nurses are following the physician orders, including medication parameters.</p> <p>The results of the audits will be submitted to the Administrator for review and discussed at the monthly QAPI committee meeting. The committee will direct improvement to the plan when necessary to achieve and maintain compliance</p>	

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F 684	<p>Continued From page 12</p> <p>to administration." The form listed 100 mg for , hold if was less than 110 or . The pharmacist's recommendation included, "Suggest ensure parameters are understood, followed and documented accurately. Per EMAR (Electronic Medication Administration Record), HR has been less than 65 and medication was administered or checked as administered multiple times." The form had a check mark with the Director of Nursing (DON)'s initials and dated .</p> <p>Review of resident #43's Medication Administration Record (MAR) for revealed 100 mg was administered outside of the ordered parameters, 27 times with a HR of less than 65 as follows:</p> <p>6:00 AM dose: , , and , and</p> <p>2:00 PM dose: , , and , and</p> <p>10:00 PM dose: , , and , and</p> <p>Review of resident #43's MAR for revealed 100 mg was administered outside of the ordered parameters, 13 times with a HR of less than 65 as follows:</p> <p>6:00 AM dose: , , and 2:00 PM dose: , , and 10:00 PM dose: , , and</p> <p>On at 11:45 AM, Licensed Practical Nurse (LPN) H explained not all the medications for included parameters. She was asked to review resident #43's order for . LPN H stated she would review the and HR before administering the medication. LPN H reviewed the MAR for and confirmed she</p>	F 684			

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F 684	<p>Continued From page 13</p> <p>documented she administered _____ on _____, _____, and _____ even though the HR was less than 65. When asked why medication was given outside of the parameters, she did not respond. LPN H then said, "the parameter used to be different" and she may have been going by what the previous parameter was. She stated she did not realize the order had been changed. She agreed she should follow the current physician orders.</p> <p>Review of resident #43's MAR for _____ revealed _____ 100 mg was administered by LPN H seven times with a HR of less than 65 on _____, _____, and _____. In _____, she administered the medication three times with a HR of less than 65 on _____ and _____.</p> <p>On _____ at 12:33 PM, the DON acknowledged nurses documented _____ was given outside the parameters set by the physician. She explained the nurses were not reading resident #75's order for _____ correctly. The DON indicated she expected nurses to follow the physician orders.</p> <p>Review of the Medication Regimen Review policy and procedure revised on _____ read, "Facility staff shall act upon all recommendations according to procedures for _____ medication regimen review irregularities."</p> <p>Review of the Medication Administration policy and procedure revised on _____ revealed an intent to administer medications as ordered by the physician and in accordance with professional standards of practice. The guidelines read, "Obtain and record vital signs, when applicable or</p>	F 684		

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F 684	Continued From page 14 per physician orders. When applicable, hold medication for those vital signs outside the physician's prescribed parameters."	F 684		
F 840 SS=D	Use of Outside Resources CFR(s): 483.70(f)(1)(2) §483.70(f) Use of outside resources. §483.70(f)(1) If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility must have that service furnished to residents by a person or agency outside the facility under an arrangement described in section 1861(w) of the Act or an agreement described in paragraph (g) (2) of this section. §483.70(f)(2) Arrangements as described in section 1861(w) of the Act or agreements pertaining to services furnished by outside resources must specify in writing that the facility assumes responsibility for- (i) Obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and (ii) The timeliness of the services. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to obtain an outside review for care coordination, of a total sample of 34 residents, (#45). Findings: Review of resident #45's medical record revealed an admission date of . His diagnoses	F 840	Resident #45 was seen by the optometrist on and new orders received. An audit was completed on by Social services of current residents and any additional resident referrals were followed up on. The facility has contacted an outside	

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F 840	<p>Continued From page 15</p> <p>included , , unspecified (, ,), slurred speech, , , and mild with , , . His record included that he had no known , . His annual Minimum Data Set dated indicated his Brief Interview of Mental Status score was 13/15, meaning his cognition was intact.</p> <p>Review of resident #45's medical record revealed a current order that resident #45 may have vision consults as needed for medical necessity with a start date of .</p> <p>Review of resident #45's current medications included . Tears solution 1% drop in both , two times a day for , irritation, with a start date of .</p> <p>Review of resident #45's medication administration record revealed an order for . Tears Solution 1%, 2 drops in both , every 4 hours as needed for , irritation. The record indicated the medication was administered four times that month.</p> <p>Review of resident #45's medication administration record revealed an order for . Tears Solution 1%, 2 drops in both , every 4 hours as needed for , irritation and on . the drops were indicated on the medication administration record as not being effective. Review of resident #45's administration note dated regarding the ineffectiveness of the . Tears Solution detailed that the resident was complaining of right , discomfort. It was noted that the physician was aware and that resident #45 was "waiting to be seen" by an , medical doctor.</p>	F 840	<p>to ensure that the resident's new insurance was covered by an optometrist for any future needs completed by .</p> <p>On . Social services was educated on the process for ensuring that all referrals are submitted on a timely basis by the Administrator. The Social service team has been educated on the importance of documenting each step of the referral and any roadblocks that they are trying to overcome.</p> <p>Social services will perform weekly audits of resident's referral orders to ensure , , are obtained and follow up on timely. Audits will continue weekly for a minimum of 3 months or until significant compliance has been met after.</p> <p>The results of the audits will be submitted to the Administrator for review and discussed at the monthly QAPI committee meeting. The committee will direct improvement to the plan when necessary to achieve and maintain compliance.</p>		

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F 840	<p>Continued From page 16</p> <p>Review of resident #45's medication administration record for _____ indicated _____ solution 0.5% (an _____) was administered, 1 drop in right _____ three times a day for pink _____. The doses were documented as being administered three times a day from _____ to _____.</p> <p>Review of resident #45's progress note dated _____ revealed that resident #45's physician had been notified of the resident's _____ complaints and ordered _____ tears twice a day as well as an _____ doctor consult.</p> <p>On _____ at 10:13 AM, resident #45 was observed with watering _____ and reddened conjunctivas (the white part of the _____ surrounding the pupil). A few days later on _____ at 12:23 PM, resident #25 said the _____ in his right _____ was an _____ this morning, but described the _____ as, "not too bad" now. Both of the resident's _____ were tearing and had red conjunctivas.</p> <p>On _____ at 9:08 AM, the Assistant Director of Nursing (ADON)/Unit Manager (UM) of the 3rd floor reviewed an email she had sent _____ to the Social Services Director requesting the resident be seen by an _____ provider. She verified there had been no lab sampling of _____ fluid to assess if resident #45 had a _____ or had received a course of _____ in 2025.</p> <p>On _____ at 9:18 AM, the Social Services Director verified that he received the ADON/UM 3rd floor's email sent _____ requesting _____ care for resident #45. He said the plan</p>	F 840		

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F 840	Continued From page 17 was for resident #45 to be seen by the , care , that provides services within the facility on . The Social Services Director called the office of the , care , group who is the facility's in-house , provider by phone. They confirmed they had not seen resident #45 as a patient in 2025. The Social Services Director could not explain why resident #45 did not have the , consult on . The Social Services Director provided documentation that was dated that indicated the , who provided services in the facility was out of network for resident #45's health insurance. The Social Services Director could not recall when nor did he document when he told resident #45 that his insurance would not cover the , provider who visited the facility. The Social Services Director stated that resident #45 had told him he did not have enough money to pay for the , service that comes to the facility out of pocket. The Social Services Director verified he did not do any additional coordination of care for resident #45 to see an , after resident #45 said he could not pay out of pocket for the care. The Social Services Director said that he could request from the facility's Administration to pay for resident #45 to get care from the , service who provides care within the facility, and he had no explanation why he had not previously arranged for that.	F 840		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is	F 842		

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F 842	<p>Continued From page 18</p> <p>resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete; (ii) Accurately documented; (iii) Readily accessible; and () Systematically organized</p> <p>§483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; () For public health activities, reporting of neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p>	F 842		

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F 842	<p>Continued From page 19</p> <p>§483.70(h)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(h)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>() The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, , and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, and record review, the facility failed to ensure documentation was accurate and complete for 1 of 1 resident reviewed for accidents, of a total sample of 34 residents, (#55).</p> <p>Findings:</p> <p>Resident #55, a 98- year-old male was admitted to the facility on . His diagnoses included , unsteadiness on , difficulty walking, , and acute and of right</p>	F 842	<p>Resident #55 was seen by the nurse practitioner on and and no adverse effects of into another resident room were noted.</p> <p>An audit was conducted with staff nursing on each shift to determine if any unusual occurrences or behaviors have occurred and verified if documentation has occurred.</p> <p>Licensed nurses were provided education by regarding documentation of resident experience to include any unusual occurrences or incidents that have occur on the shift. If there is an</p>	

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F 842	<p>Continued From page 20</p> <p>Review of the resident's admission Minimum Data Set (MDS) assessment dated . . . revealed the resident's cognition was moderately with a score of 8 of 15, moderate . . . The assessment indicated the resident required substantial/maximal assistance for toileting hygiene, and partial/ . . . for sit to stand, and for chair/bed-to chair transfer.</p> <p>A care plan for at risk for . . . and injuries related to need for physical assistance, and was initiated on . . . Interventions included, assist resident with toileting, . . . care, and provide physical assistance for transfers. The resident's care plan for . . . mobility and self-care related to . . . related to . . . medical conditions, and . . . was initiated on . . . Interventions revealed the resident required one person assist with transfers.</p> <p>On . . . at 12:44 PM, the resident's family member stated there was limited help on nights and weekend at the facility. He verbalized that a "couple of Mondays ago" the resident was . . . by the elevators, trying to get out, but he did not have his walker. Since that incident, the family decided to hire private sitters, "24/7."</p> <p>On . . . at 9:57 AM, resident #55 was lying in bed on his . . . his . . . were closed, his family member and a private sitter were in the room. The family member stated that the resident's " . . ." happened approximately four . . . Mondays ago. He said the resident . . . into the hallway, was at the elevator, and ended up in the bathroom of another resident in a room next</p>	F 842	<p>unusual occurrence staff should assess the patient and implement appropriate interventions if necessary.</p> <p>DON and/or designee will complete 4 random interviews with staff on each shift weekly for 3 months to determine if any unusual occurrences or behaviors have been observed and then DON and/or designee will audit resident record to ensure this has been appropriately reflected in the resident record.</p> <p>The results of the audits will be submitted to the Administrator for review and discussed at the monthly QAPI committee meeting. The committee will direct improvement to the plan when necessary to achieve and maintain compliance.</p>	

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F 842	<p>Continued From page 21</p> <p>to his room. He stated that another family member was notified and spoke to the supervisor about the incident. The family member stated that when that happened, the family increased the private sitter to "24/7."</p> <p>Review of the resident's clinical records for the period to revealed no documentation regarding the incident reported by the resident's family, and there were no entries on the facility's incident log pertaining to the resident for the same period.</p> <p>On at 2:16 PM, an interview was conducted with the Administrator, the Director of Nursing (DON), and the Administrator in Training. The Administrator stated that about a month ago close to the resident's admission he was and went to the wrong bathroom, he went out of his room to the room next to his at approximately 6:30 AM-7:00 AM. The Administrator stated the resident was not exit seeking, and said it was a "singular" incident, not a pattern. The DON explained the resident did not ; they recalled the night shift nurse found the resident in the next room.</p> <p>On at 9:21 AM, the DON stated she called all of the night nurses, and they were not aware of the incident. She stated she checked documentation in the resident's clinical record and could not identify the incident described by the resident's family.</p> <p>On at 9:30 AM, the Administrator stated that on , he met with the resident's son, and he voiced concern that the resident was found in the room next to his room. The Administrator said the incident was reported to</p>	F 842			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105757	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER WESTMINSTER TOWERS			STREET ADDRESS, CITY, STATE, ZIP CODE 70 WEST LUCERNE CIRCLE ORLANDO, FL 32801	
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F 842	<p>Continued From page 22</p> <p>the 11 PM-7 AM nurse by the resident's primary care giver that came in on _____ at 6:30 AM. He verbalized the resident had a private care giver since his admission, but this service was increased to 24/7. The Administrator recalled he sent an email to the team that comprised of the Director of Rehabilitation, the Social Service Director, the DON, and Assistant DON on _____, because the son had additional concerns he wanted to address.</p> <p>Record review of the resident's clinical record revealed no documentation regarding the incident, and no documentation could be identified to indicate a skin assessment was completed, or to indicate if any monitoring of the resident's condition was performed status post the incident on _____. There was also no documentation by the nurse whom the Administrator stated the incident was reported to. This was acknowledged by the Administrator.</p> <p>On _____ at 10:45 AM, in a telephone interview, Registered Nurse (RN) A stated she worked as the 11:00 PM to 7:00 AM supervisor. She said she was off at the time she was told the incident occurred, and when she returned to work the following night Certified Nursing Assistant (CNA) B told her that resident #55 was found in another resident's bathroom. The RN stated she passed the information on in report to the oncoming nurse the following morning. RN A said "usually" a note would be documented when an incident occurred. However, no documentation could be identified.</p> <p>On _____ at 11:12 AM, a telephone call was made to CNA B. However, the interview could not be completed due to her inability to hear</p>	F 842		

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F 842	Continued From page 23 adequately. The policy Documentation in Medical Record reviewed/revised read, "Each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress through complete, accurate, and timely documentation... Documentation shall be completed at the time of service, but no later than the shift in which the assessment, observation, or care service occurred."	F 842			