Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11942716	A. BUILDING: _____ B. WING _____	R 06/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTCHESTER OF WINTER PARK	558 N. SEMORAN BLVD. WINTER PARK, FL. 32792

(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 A revisit to a re-licensure survey with Limited Nursing Service (LNS) and complaint investigation #2026005415 was conducted at Westchester of Winter Park on , , , and . Deficiencies were identified at the time of survey. A Class I deficiency was found at Tag A0030. A Class I deficiency is a deficiency that the agency determines presents a situation in which immediate corrective action is necessary because the facility's noncompliance has caused, or is likely to cause, serious injury, harm, , , or to a resident receiving care in a facility. Resident #1 was found lying unresponsive on the bathroom floor, by the caregiver. The caregiver left the resident, traveled by elevator to another floor to notify another caregiver, then returned to the resident's room. The caregivers failed to perform , , resusitation ( ) on a resident who did not have a Do Not Resusitate order. The caregiver said she determined the resident was . An report revealed resident #15 was pronounced at 5:27 AM on . The Class I noncompliance began on . The facility's Administrator was notified of the Class I noncompliance on at 4:40 PM. The census at the start of the survey was 112. The following is a description of the deficiencies found at the time of the visit.	{A 000}		

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{A 025}	Continued From page 1	{A 025}		
{A 025} SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (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. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (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.	{A 025}		

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{A 025}	Continued From page 2 (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (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. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (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. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on interview and record review, the facility failed to document a in the record of 1 of 13 sampled residents (#18). Findings Included: On at 10:20 AM, Resident #18 said that about one month ago he was sitting in a chair in the smoking room on the second floor when he woke up and was on the floor. He explained that he had a under his . A review of Resident #18's record revealed date of admission . The 1823 Health Assessment dated listed medical history of acute and failure with ; obese due to excess calories; essential	{A 025}		

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{A 025}	Continued From page 3 ; ; ; type 2 with , ; , , dry , sleep , ( ) with acute exacerbation, and dependency. Furthermore, the 1823 Health Assessment documented that he could administer his own medications. On at 11:25 AM, an interview with Resident #18 stated about a month ago, he out of a chair in the smoking area located on the 2nd floor and woke up on the floor with a on his and pressed call pendant for assistance and no one came to help him. There was no documented evidence and no facility notes documented about this incident. On at 3:14 PM, an interview with the Administrator said that he remembered the incident because the previous Wellness Director had told him about it. The Administrator further confirmed the finding and could not locate any documentation regarding this incident. (Photographic Evidence Obtained) Class III	{A 025}		
{A 030} SS=J	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary	{A 030}		

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provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C.
(b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint.
(c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.
(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and ;
6. Administrative and housekeeping schedules

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{A 030}	Continued From page 5 and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.	{A 030}		

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{A 030}	Continued From page 6 (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this	{A 030}		

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paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and

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advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.
(2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida.

429.27 Property and personal affairs of residents.-
(1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law,

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{A 030}	Continued From page 9 managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on observation, interview, and record review, the facility failed to honor resident rights when life saving measures, including , , ( ), was not performed on 1 of 90 sampled residents, (#15) who did not have a do-not- order ( ). Findings Included: Review of resident #15's record revealed there was no . On at 4:19 PM, the resident's family confirmed the resident did not have a . The facility's undated policy on Advanced Directives showed , would be performed if a resident did not have a . Review of a facility report revealed on at 5:15 AM, resident #15 was found unresponsive	{A 030}		

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{A 030}	Continued From page 10 on his bathroom floor. On at 11:02 AM, caregiver C said on between 1:00 AM and 2:00 AM, she saw resident #15 sleeping in his bed. The caregiver explained that at about 5:15 AM, she saw the resident lying on his bathroom floor with his partly in the shower and his , partially closed. The caregiver said she called the resident's name and he did not respond. She explained she touched his and he was not breathing. The caregiver said she left the room and took the elevator to the second floor to tell caregiver M. Caregiver C said they both took the elevator to first floor, which was when caregiver C called 911. Caregiver C said caregiver M retrieved the Automated External Defibrillator ( ) as instructed to by the 911 operator. Caregiver C said the operator told her to position the resident flat so could be done. Caregiver C explained she and caregiver M positioned the resident flat on his . Caregiver C said the was not used and was not performed because they felt the resident was already stiff and it was too late. Caregiver C explained she told this to the operator, who said emergency medical services ( ) would arrive within a few minutes, then hung up. Caregiver C said arrived within the next three minutes. Caregiver C said she was trained on the policy upon hire. She explained was supposed to be performed when a resident did not have a . She said she was certified in and she knew the resident did not have a . On at 8:16 AM, caregiver M said that caregiver C came to the second floor and told her resident #15 was not well and there was an emergency. Caregiver M said they took the elevator to the first floor. Caregiver M explained	{A 030}		

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{A 030}	Continued From page 11 she saw the resident lying on his on the bathroom floor with his on the shower curb. Caregiver M said she retrieved the located in the hallway near the resident's room. She explained that caregiver C called 911 and placed the call on speaker. Caregiver M said the operator instructed them to position the resident flat on his in preparation to perform . Caregiver M said she and caregiver C attempted to move the resident's body and told the operator the resident was already stiff, so they would not do . Caregiver M said she knew resident #15 did not have a . Caregiver M confirmed the policy was to perform on any resident who did not have a . Review of an report dated , revealed resident #15 was pronounced deceased at 5:27 AM, that day. The resident's record revealed he was later transported to a local funeral home. On at 10:48 AM, the Administrator said that based on the Advanced Directive policy should have been performed by staff. Class I	{A 030}		
{A 032} SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar	{A 032}		

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days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days.

1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times.

2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative.

(b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for:

1. An immediate search of the facility and premises,

2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including

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{A 032}	Continued From page 13 specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on interview and record review, the facility failed to ensure 1 of 8 sampled staff (C) participated in a minimum of two resident elopement drills each year. Findings Included: Review of caregiver C's personnel record revealed a hire date of . Review of elopement drills conducted during 2025 and 2026 revealed she was not a participant. On at 3:15 PM, the Administrator confirmed the findings. Class III	{A 032}		
{A 055} SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL.	{A 055}		

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	AL11942716	A. BUILDING: _____ B. WING _____	R 06/19/2026

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{A 055}	Continued From page 14 (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication	{A 055}		

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{A 055}	Continued From page 15 requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed	{A 055}		

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{A 055}	Continued From page 16 by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on observation, interview, and record review, the facility failed to centrally store medications for 1 of 13 sampled residents (#27) who received assistance with medications. Findings Included: On at 10:15 AM, observation revealed a bottle of 12-hour spray was seen on the table in Resident #27's room. Resident #27's 1823 health assessment indicated needs assistance with self-administration of medications. The record had no documentation to show the resident could store the spray in his room or a physician's order for use. On at 10:17 AM, Resident #27 stated he has not used the spray in 6 months, and it's just been sitting on the table. Further stating, he got it when he went to the hospital and was not sure why they gave it to him. He said it needs to be thrown out because he does not need it. On at 10:30 AM, LPN N stated Resident #27 requires assistance with his medications and should not have any meds in his room. Upon entering his room, she was made aware of the over-the-counter bottle of spray previously	{A 055}		

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{A 055}	Continued From page 17 observed on the table. LPN N further stated that the residents' family brings in medications to the residents. She said this is assisted living, the residents are independent, and the families will do whatever they want. Further stating, they do not listen. On at 10:30 AM, Resident #27 said to LPN N that he did not need it, and he threw it away in the trash, (pointing down the hall)." On at 11:00 AM, Caregiver O stated the facility does his medications and he had not seen the spray in the room. Caregiver O proceeded to search the room down the hall where the trash is placed by housekeeping or other care staff. The spray was not found. On at 11:05 AM, Resident #27 was observed downstairs in the dining room and asked where he threw the spray. He said he threw the spray upstairs in the trash room and agreed to show the caregiver. He was made aware that the room had been checked prior, and the spray was not found. Resident #27 proceeded upstairs, looked in the trash bin, continually stating, "he threw it in there and not sure what happened to it." On at 10:30 AM, the Administrator said he was aware of the meds found in the room. Adding, he was unaware the medication had been placed in the trash room down the hall by the resident and was not found after Caregiver O searched the trash bin for proper disposal. On at 10:40 AM, LPN N stated she did not remove the spray from the trash and did not know where the resident disposed of it.	{A 055}		

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{A 055}	Continued From page 18 The facility's Medication Storage and Disposal Policy states both prescription and over-the-counter medications for residents will be centrally stored when the facility administers the medications and centrally stored medications will be kept in a locked medication cart or in the medication room at all times. Medication which has been discontinued but which has not expired will be returned to the resident's representative, as appropriate, or will be centrally stored by the facility, for future resident use, by the resident at the order of the health care provider. The medication may be returned to the pharmacist for disposal or may be destroyed by the administrator or designee with one witness. Class III	{A 055}		
{A 056} SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to	{A 056}		

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{A 056}	Continued From page 19 another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled	{A 056}		

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{A 056}	Continued From page 20	{A 056}		

or refilled in a timely manner.
(g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following:
1. Practitioner's name,
2. Resident's name,
3. Date dispensed,
4. Name and strength of the drug,
5. Directions for use; and,
6. Expiration date.
(h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order.

This Statute or Rule is not met as evidenced by:
DEFICIENCY REMAINED UNCORRECTED

Based on interview and record review, the facility failed to make every reasonable effort to ensure that medications were refilled in a timely manner for 2 of 13 sampled residents (#26, #& #31).

Findings Included:

1. On at 10:10 AM, Resident #26 stated she's only been at the facility for 3 months and the facility runs out of her medications or does not

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{A 056}	Continued From page 21 refill it timely. She said she has gone a few days at a time without it. Further stating, some staff will go check the medication room for the refills but others will not and keep telling her she's out. Resident #26's 1823 health assessment indicates needs assistance with self-administration of medications. Review of her Medication Observation Record revealed on Tab 20 mg - give 1 tablet orally at bedtime for (Medication Order). On Unlicensed Caregiver R updated as administered. On at 9:15 AM, observation of the med cart revealed the was not on the cart. Unlicensed Caregiver D stated if it's not there she didn't get it. Further stating, she could check the overflow to see if it's there. Adding, the nurse has the key and would be able to check if it's there and when it was ordered. On at 9:20 AM, the Administrator stated after printing the updated MORS he saw the "9" = other / see nurse notes and unsure why. On at 10:14 AM, the Administrator stated the medication has not been refilled for the resident and Caregiver A called it in today. On at 1:20 PM, the Administrator stated he spoke with Unlicensed Caregiver R about the medication missed on and she confirmed that she did not give it to the resident. On at 2:30 PM, Unlicensed Caregiver R said she explained to the Administrator that she told the resident that she was out. She said she assumed that someone else had ordered the	{A 056}		

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{A 056}	Continued From page 22 medication which is why she didn't say anything. The facility's Medication Labeling and Orders Policy states the facility will make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. 2. A review of Resident #31's record revealed admission date . The last health Assessment dated listed medical history of legally , , and uses a seeing , cane and assistance with staff to ambulate. He needs assistance with ambulation only and self-administration of medications and independent with other activities of daily living (ADLs). An interview on at 1:25 PM, Resident #31 said that he was out of his medication for and prescription , , lubrication for the past couple of weeks and did not have them. He further stated that he informed the previous Wellness Director about it and she did nothing to help order them for him. A review of the Medication Observation Record (MORs) for , and that showed medication 8mg for was not available from to current . A review of the facility's notes dated - that the 8mg for medication was not available and logged from the pharmacy. There was no documented evidence that the facility followed up with the pharmacy to see if the medication was in stock.	{A 056}		

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{A 056}	Continued From page 23 The , , solution, Dorzol/Timol , solution and refresh , were available on but required a co-payment of $10. On at 3:15 PM, an interview with the Administrator confirmed the findings and additionally said that the facility paid the co-payment for the , , solutions and was not aware that Resident #31 was out of his medication and will call the pharmacy immediately to get that delivered to him. (Photographic Evidence Obtained) Class III	{A 056}		
{A 081} SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d).	{A 081}		

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{A 081}	Continued From page 24 (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility	{A 081}		

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{A 081}	Continued From page 25 administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training	{A 081}		

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{A 081}	Continued From page 26 within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on interview and record review, the facility failed to ensure 1 of 8 sampled staff (P) received 1-hour training in control and 1-hour training in the facility's emergency procedures. Findings Included: Review of caregiver P's personnel record revealed a hire date of . The record did not have documentation to show the caregiver	{A 081}		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11942716	A. BUILDING: _____ B. WING _____	R 06/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTCHESTER OF WINTER PARK	558 N. SEMORAN BLVD. WINTER PARK, FL. 32792

(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 081}	Continued From page 27 received 1-hour training in control and 1-hour training in the facility's emergency procedures. On at 12:39 PM, the Administrator confirmed the findings. Class III	{A 081}		