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 _____	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 complaint #2026009949 and generator monitoring survey 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 A0077. 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. A caregiver found resident #1 in his bathroom, lying unresponsive on the floor. She failed to perform , , resusitation ( ) because she said she determined he was . The resident did not have a Do Not Resusitate order, and was later pronounced by Emergency Medical Personnel 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		
A 008 SS=D	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a	A 008		

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A 008	Continued From page 1 licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within	A 008		

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A 008	Continued From page 2 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of . . require such assistance. 59A-36.006	A 008		

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A 008	Continued From page 3 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or , services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of , or any other communicable , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for	A 008		

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A 008	Continued From page 4 Assisted Living Facilities, , , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided. (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , or therapeutic diets, may be attached to the health assessment. A health care practitioner	A 008		

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A 008	Continued From page 5 may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or , . (f) 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 the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to obtain a dated 1823 Health Assessment Form for 1 of 6 sampled residents (#6). Findings Included: A review of resident #6's record revealed an admission date of . The 1823 Health Assessment Form was not dated at the time of completion. Her medical history listed , and . She needs assistance with self-administration of medications and assistance with activities of daily living in ambulation, bathing, grooming and transferring. She uses a walker. On at 10:30 AM, the Administrator	A 008		

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A 008	Continued From page 6 confirmed the findings and said that he would get a corrected 1823 Health Assessment. (Photographic Evidence Obtained) Class III	A 008		
A 075 SS=D	429.255( ) FS Use of Personnel; Emergency Care ( ) (3)(a) An assisted living facility licensed under this part with 17 or more beds shall have on the premises at all times a functioning automated external defibrillator as defined in s. 768.1325(2)(b). (b) The facility is encouraged to register the location of each automated external defibrillator with a local emergency medical services medical director. (c) The provisions of ss. 768.13 and 768.1325 apply to automated external defibrillators within the facility. (4) Facility staff may withhold or withdraw or the use of an automated external defibrillator if presented with an order not to executed pursuant to s. 401.45. The agency shall adopt rules providing for the implementation of such orders. Facility staff and facilities may not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing or use of an automated external defibrillator pursuant to such an order and rules adopted by the agency. The absence of an order not to executed pursuant to s. 401.45 does not preclude a physician from withholding or withdrawing or use of an	A 075		

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A 075	Continued From page 7 automated external defibrillator as otherwise permitted by law. (5) The agency may adopt rules to implement the provisions of this section relating to use of an automated external defibrillator. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain and test its Automated External Defibrillators (AEDs). Findings Included: On at 8:40 AM, six AEDs were seen mounted throughout the facility. Three had expired electrode pads (, ,), one had no pads, and two had pads that were out of their package. The policy, dated , read, the AEDs will be maintained and regularly tested, be checked for readiness at least once every 30 days, and the night nurse or designee will check the AEDs daily to affirm they are in working order and ready to use in an emergency. The policy read, the Administrator will establish a log for the documentation of the daily checks and will be responsible for affirming that this log is in place and that the documentation is complete. An email from an equipment consulting company to the Administrator, dated , read, the company notified the Administrator it was time to complete preventative maintenance on the AEDs. An email, dated , read, the Administrator requested a preventative visit. On at 9:20 AM, the Administrator said the AEDs were not maintained and regularly tested because he learned of the policy just that day.	A 075		

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A 075	Continued From page 8 Class III	A 075		
A 077 SS=J	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff	A 077		

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A 077	Continued From page 9 and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least , ; 2. If employed on or after , have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to , , are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and,	A 077		

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A 077	Continued From page 10 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No =Ref-09393.	A 077		

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A 077	Continued From page 11 This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility's Administrator failed to ensure the operation of the facility, including management of all staff and the provision of appropriate care to all residents, was facilitated and maintained when life saving measures were not performed on 1 of 90 residents, (#1) who did not have a Do-Not- order ( ). Findings Included: Review of resident #1's record revealed there was no . On at 4:19 PM, resident #1's family confirmed the resident did not have a , and wished to be . The facility's undated policy on Advanced Directives indicated , would be performed if the resident did not have a . Review of a facility report reveale on at 5:15 AM resident #1 was found unresponsive on his bathroom floor. On at 11:02 AM, caregiver B said that on between 1:00 AM and 2:00 AM, she saw resident #1 sleeping in his bed. The caregiver explained about 5:15 AM, she saw resident #1 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 C.	A 077		

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A 077	Continued From page 12	A 077		

Caregiver B conveyed they both took the elevator to the first floor, and caregiver B called 911. Caregiver B said caregiver C retrieved the Automated External Defibrillator ( ) as instructed by the 911 operator. Caregiver B said the operator told her to position the resident flat so , , ( ) could be done. Caregiver B explained she and caregiver C positioned the resident flat on his . Caregiver B continued, the was not used and she decided to not perform , because resident #1 was already stiff. She said she felt it was too late. Caregiver B explained she told this to the 911 operator, who then said emergency medical services ( ) would arrive within a few minutes, then hung up. Caregiver B said arrived within the next three minutes. Caregiver B recalled she was educated on the policy upon hire. She explained that was supposed to be performed whenever a resident did not have a . She stated she was certified in , and she said she knew resident #1 did not have a .

On at 8:16 AM, caregiver C said that caregiver B came to the second floor and told her resident #1 was not well and there was an emergency. Caregiver C said they took the elevator to the first floor. Caregiver C explained she saw the resident lying on his bathroom floor with his on the shower curb. Caregiver C said she retrieved the located in the hallway near resident #1's room. She explained that caregiver B called 911 and placed the call on speaker. Caregiver C said the operator instructed them to position the resident flat on his in preparation to perform . Caregiver C said she and caregiver B attempted to move the resident's body and told the operator the resident was already stiff, so she said would not be

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A 077	Continued From page 13 done. Caregiver C stated she knew resident #1 did not have a . She said the facility policy was to perform on a resident who did not have a . Review of an report dated , revealed resident #15 was pronounced by paramedics as desceased at 5:27 AM, that morning. The resident's record revealed he was later transported to a local funeral home. On at 10:48 AM, the Administrator said he was not finished with his investigation into the incident. He explained he still had to call the resident's family and make a correction on an incident report. He said that based on the Advanced Directive policy should have been performed by the staff. He said nothing had been done thus far to prevent something like this from happening again. Class I	A 077		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom	A 152		

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 _____	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 152	Continued From page 14 or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, facility's documentation and interview, the facility failed to maintain a timely repair for one of the broken elevators as required. Findings Included: An observation on at 11:55 AM, only one of the two elevators was operating and working. Both elevators are used for the residents to go their apartments on the second floor. There was no signage indicating only one elevator in use. In passing, a few of the residents and personnel	A 152		

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 _____	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 152	Continued From page 15 staff said that one of the elevators had been broken for a couple of weeks and it takes longer to get to the apartments on the second floor. On at 3:13 PM, an interview with the Maintenance Director confirmed that one of the elevators had not been working for a couple of months and he had inquired a quote for repair. The Maintenance Director provided the documented quote dated (two months ago) that the elevators were needed to be totally replaced and updated to building codes of the hydraulic piping costing $11,811.00. On at 4:30 PM, an interview with the Administrator confirmed the findings. (Photographic Evidence Obtained) Class III	A 152		