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
	AL11967802	A. BUILDING _____ B. WING _____	/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR OF PALM COAST	50 TOWN COURT PALM COAST, FL 32164

(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 An unannounced Change of Ownership survey with Limited Nursing Services was conducted on ', 2013. Deficient practice was identified as a result of the survey.	A 000		
A 025	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, 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 individual. (c) 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; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.	A 025		

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A 025	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to monitor skin issues and have documentation that family members were notified for 1 of 18 sampled residents, Resident #9. The findings include: Resident #9 was admitted to the facility on and had a diagnosis of . The Health Assessment revealed the resident's skin was intact and the resident needed assistance with all activities of daily living. On at 12 noon, Resident #9 was sitting in the dining fed by an aide, Employee F. The Resident was observed to have an open area nickel sized to her left wrist. There was no dressing on it. Employee F stated that her family brought in a bracelet and the Resident kept turning it and that was what caused the open area. Employee F did not know if the resident was supposed to have any treatment or dressing on her wrist. Employee #3, the day nurse for Resident #9 was interviewed on at 12:57 p.m. She was not aware of an skin issue on the resident's left wrist. She was not aware if the resident had a to her left hip but she knew that the hospice nurse had a dressing on her left hip. She was not aware of any dressing on her right hip. She was not aware if the resident's son was notified of these skin issues. The nurse looked through the resident record and could not find documentation of this notification. On at 3:04 p.m. , Resident #9 was	A 025		

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A 025	Continued From page 2 lying in bed and was observed to have a dressing on her left and right hip. The evening staff nurse Employee G was interviewed on at 3:06 p.m. She confirmed that she was aware of the on the left wrist and dressing to her left hip. She was not sure if there was supposed to be a dressing on the left wrist or if there was any skin issues on the right hip. She stated that the hospice nurse took care of all the wounds for this resident. The hospice nurses were supposed to let the facility nurses know of any changes but some were better than others telling them. Review of the clinical record revealed a hospice progress note dated /. It revealed the Resident now had a small superficial area on the left hip, was applied. A small was on the left wrist and it was cleansed and a tegaderm (clear dressing) was applied. The clinical record did not reveal physician orders for treatment of these skin issues. The Health Wellness Director was interviewed on at 3:35 p.m. She confirmed that there was no documentation of the doctor's orders for treatments or that the son was notified of this significant change. The hospice nurses were supposed to leave the physician orders at the facility and any notes for notification of family. Class III	A 025		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Windsor of Palm Coast
50 Town Court
Palm Coast, FL 32164

Dear Administrator:

This letter reports the findings of a state licensure Change of Ownership and Limited Nursing Services survey that was conducted on , 2013 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **, 2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at -4201.

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KW/sm
Enclosure

Headquarters
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