STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966496	11/01/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Windsor Of Lakewood Ranch (the)	8220 Natures Way Bradenton, FL 34202	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

A complaint survey, CCR# 20130107959, was conducted on and .

The Windsor of Lakewood Ranch, assisted living facility, had a deficiency at the time of the visit.

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to file a one day Adverse Incident Report after incidents which resulted in a for two of three resident reviewed (Resident #1, and #2).

Findings include:

1. A review of the facility ' s and Incident Tracking Log revealed Resident #1 had six (6) between and . A review of the same log revealed Resident #2 had nine (9) between and .
2. A review of Resident #1 ' s record revealed on Resident #1 while walking to the dining . Continued review revealed an x-ray was taken of Resident #1 ' s upper arm and shoulder on the . Documentation in Resident #1 ' s facility record revealed on the x-ray confirmed Resident #1 ' s had a right shoulder was .
3. A review of Resident #2 ' s residents record revealed on Resident #2 was assessed by an Advanced Registered Nurse Practitioner (ARNP) as needing special precautions. The ARNP also documented on the assessment that Resident #2 ' s physical and sensory limitations included, poor balance with frequent . A review of Resident #2 ' s resident notes revealed on Resident #2 was found on the floor by facility staff and was sent to the hospital. Resident #2 did not return to the facility until . A review of Resident #2 ' s hospital records (admission date) revealed Resident #2 was diagnosed with a second (second toe) .
4. On at approximately 11:09 a.m. an interview was conducted with the Regional Director, she confirmed the facility did not file an adverse incident for Residents #1 and #2.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Windsor of Lakewood Ranch (the)
8220 Natures Way
Bradenton, FL 34202

Dear Administrator:

Re: **CCR# 2013010795**

This letter reports the findings of a complaint survey that was conducted on , 2013, and , 2013, by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul Y Brown

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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