STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967802	06/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Windsor Of Palm Coast	50 Town Court Palm Coast, FL 32164	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial licensure survey, was conducted at Windsor Of Palm Coast on Junes 17, 2014. Windsor Of Palm Coast had deficiencies at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, record review, and resident and staff interview, the facility failed to coordinate with a home health agency regarding a resident's condition, which resulted in the failure to have an awareness of the general health for 1 of 2 sampled residents, Resident # 8.

The findings include:

Resident # 8 had a health assessment (1823) revealing a medical history of Parkinson's and a heel . He was partial weight bearing on the left lower extremity.

On at 11:25 a.m., The Health Care Coordinator(HCC, a licensed practical nurse) was asked to show Resident #8's . She stated that the heel from admission was no longer present and that home health was treating the new on the resident's lower back. The HCC removed the resident's left sock and it revealed an open area to the resident's heel. She also lifted up the resident's shirt and revealed a dressing to the left lower back. The resident stated that home health comes in twice a week for his wounds. He could not state if there was supposed to be a dressing on the left heel. He stated he had pain daily in the foot at a "5" level on a 0-10 scale. He stated he did not tell staff of his pain and was not sure if he got any pain medication for it. Resident #8 reported the pain got worse if he stood on his left foot. The HCC stated that she was not aware of the left heel . She stated she would get the Home Health folder to shed some light on the resident's wounds and the treatment ordered by the doctor.

On at 12:02 pm. the HCC returned with the folder but she stated it had no information on this resident or assessment of the . She stated this was not acceptable and she would call over to home health agency (HHA) and have them send over information as soon as possible. She confirmed that HHA staff should be leaving notes on their visits as well as communicating with them with updates on the resident's status. The HCC reported that the HHA have not been doing this.

The facility record ror Resident #8 revealed a level of service indicating coordination of third party services. The facility's clinical record also revealed a physician fax order dated . The nurse wrote "Can we have an order for as needed 500 mg or something stronger. He complained of pain in heels. Please advise". The doctor wrote back on 500 mg as needed every 6 hours as needed. If not relieved, refer to podiatry." Review of the current Medication Record 2014) revealed he only received two times on , 2014 for foot pain.

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Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review, and staff interview, the facility failed to obtain a physician order and resident consent for bed rails, for 1 of 2 sampled residents, Resident #9.

The findings include:

On at 9:39 AM, Resident #9 was observed lying in bed with a 1/4 bed rail in place on the right side of the upper bed. The other side of the bed was against the wall. The resident had shakiness to his hands and he was observed to use the rail to pull himself out of bed. Review of his clinical record revealed he did not have an order for this bed rail. The Resident was also receiving Vitas Hospice services. Review of these records did not reveal bed rails in the interdisciplinary care plan or a physician order.

The Health Care Coordinator on at 12:13 PM confirmed that she did not have a bed rail physician order or consent in the clinical record for this resident.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and staff interview, the facility failed to maintain an accurate Medication Observation Record(MOR) for 1 of 7 sampled residents, Resident #8.

The findings include:

The 2014 MOR for Resident #8 revealed one vial four times day." "Changed to PRN" was hand written in. There was a physician order on revealing the was discontinued.

The Health Care Coordinator on at 11:30 a.m. confirmed that the had been discontinued on and should not have been still on the MOR. Pharmacy stated they never received the new order to discontinue it.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on interview and employee record review, the facility failed to ensure newly hired staff provide within 30 days of hire a statement from a health care provider that based on an examination within the last six months the person does not have any signs or symptoms of communicable including for 2 or 4 employees. (Employee A and D) and failed to document freedom from for 1 of 4 employees. (Employee D)

The findings include:

Record review of the employee file for Employee A (hired could not locate documentation from a healthcare provider that the employee was free from communicable including

Record review of the employee file for Employee D (hired found no evidence the facility obtained documentation from a healthcare provider that the employee was free from communicable including

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or documentation the employee was tested annually for

The findings were confirmed by the Administrator during an interview on at approximately 2:30 p.m. He stated he did not have the information.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on interview and personnel record review, the facility failed to maintain a personnel file for 2 of 4 employees that contained documentation from a health care provider the employee was free from communicable including (Employee A and D), and failed to maintain documentation in an employee's personnel file confirming a copy of the employee's job description was given to the employee for 1 of 4 employees. (Employee A)

The findings include:

Record review of the personnel file for Employee A (hired could not locate evidence the facility received an employment application with references, documentation from a healthcare provider that the employee was free from communicable including or documentation the employee was given a job description.

Record review of the employee file for Employee D (hired found no evidence the facility obtained documentation from a healthcare provider that the employee was free from communicable including

The findings were confirmed by the Administrator. During interview on at approximately 2:30 p.m. he stated he did not have the information.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

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

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 17, 2014 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) 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 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 surveyors. Should you have any questions please call this office at 904798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

NH/JM/sm
Enclosure

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