STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967802	08/28/2014
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)		

Revisit Corrected Tags:
0025-Resident Care - Supervision
0030-Resident Care - Rights & Facility Procedures
0078-Staffing Standards - Staff-08/
0161-Records - Staff-08/

Revisit Repeat Tags:
0000-Initial Comments-
0054-Medication - Records-58a-5.0185(5) Fac

Revisit New Tags:
0010-Admissions - Continued Residency-58a-5.0181(4) Fac

Specific Tag Findings:

0000-Initial Comments
An unannounced follow-up to the licensure survey was conducted on 28,2014. Windsor of Palm Coast had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on observation and staff interview, the facility failed to ensure an updated AHCA Form 1823, Resident Health Assessment for one of three sampled residents whom had a significant change. (Resident #1)

The findings include:

Resident #1 was admitted with a diagnosis of A review of the Resident Health Assessment was dated Resident #2 was admitted to hospice

An interview was conducted with the Heath Wellness Co-ordinator at 12:45 PM on She confirmed there is not an updated 1823 for Resident #1.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on observation and staff interview the facility failed to ensure and maintain an accurate Medication Observation Record (MOR) for 1 of 3 sampled residents. (Resident #2)

The findings include:

A record review of the MOR for Resident #2 noted twice daily orally x 10 days . The started on and finished on

An interview with Employee E at 12:05 PM revealed a bottle with 20 pills to be given twice a day for 10 days. Employee E stated there were two pills in the bottle this AM and "I gave one because they have to finish their , it is very important."

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Observed one pill left in bottle. Employee E stated someone signed off and did not give the pill.

An interview was conducted with the Heath Wellness Co-ordinator at 12:45 PM on . She stated" the med tech last night did not give the medication for (Resident #2) and noted it was finished. Someone missed administering the pill but signed out they did."

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 revisit survey conducted on 2014 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than 2014.

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 (904) 798-4201.

Sincerely,

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

RS/JM/sm
Enclosure

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com