STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965578	01/12/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Windsor, The	2800 60th Avenue, West Bradenton, FL 34207	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - / . S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Amended

A biennial state licensure survey was conducted on I/ and I/ .

The Windsor, assisted living facility, had deficiencies at the time of the visit.

The Statement of Deficiencies was administratively amended on . Note that Tag AZ815 is an unclassifed deficiency.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based upon observation, record review & interview the facility failed to ensure that the medical assessments (AHCA Form 1823) for 2 (#10 & #12) of 3 sampled residents were accurate, comprehensively updated & addressed all required information.

Findings Include:

1. A I/ review of the health assessment record dated for resident #10 revealed no diagnosis were listed and the form stated " see attached H & P " (history and physical); however, no history and physical was attached. In addition, under the section " Nursing/treatment/ service requirements " the resident was noted as needing assistance with ADL ' s. The activities of daily living section (ADL ' s) listed two conflicting levels of assistance needed. Specifically, " I " for independent in all areas of activities of daily living as well as a note that reads needs supervision for safety related to .

   A review of the appointment form signed by the resident ' s physician indicated the resident complained of , can ' t stand up and was . The physician impression noted , non- , and . In addition to this document, a physician order fax dated revealed the physician ordered a hospice consult based on the following message/concern by facility staff: Resident ' s condition continues to change since hospital admission. Increased , decreased cognition and not eating. Family would like to have Hospice consult.

An interview with the Director of Nursing (DON) on I/ confirmed the health assessment form (AHCA form 1823) did not have the diagnosis section completed and contained conflicting information related to ADL " s. She

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stated she was working on getting a new health assessment form completed and sent for one that morning because of Hospice. She stated that the resident went on Hospice just before Christmas.

2. On / at 11:20 a.m. an observation of resident #12 revealed she had a ; was wheelchair dependent and had one-sided . . A review of the health assessment for resident #12 with an illegible date revealed diagnosis recorded on the health assessment was , , and accident. The physical and sensory limitation section noted a diagnosis of (of one side of the body). The following sections were not completed: known , height, weight, or behavioral status, nursing service requirements, and special precautions. Additionally the health assessment reflected the resident required assistance with all activities of daily living. The health assessment did not indicate any special services were needed or required by the resident.

Further review of the medical record revealed the resident was placed under limited nursing services (LNS) on / .

An interview with Staff A on / at 11:20 a.m. confirmed the resident had a . She confirmed care was provided by staff, DON, or family.

An interview with the DON on / at approximately 4:00 p.m. confirmed resident #12 was on LNS services. She stated she would obtain an updated AHCA 1823 form for resident #12 to reflect the LNS services.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on observation, interview and record review the facility failed to ensure that 4 (A, B, C and D) out of 5 sampled employees had ( ) screenings conducted annually and within 30 days after beginning employment.

Finding Include:

1. Observation on / from approximately 11:30 a.m.-1:00 p.m. of staff A providing direct resident care by assisting with medications.

A review of staff A ' s personnel record on / revealed she was rehired on and her file contained no evidence she was screened for ( ) within 30 day of employment. A screening record dated was filed in staff A ' s personnel file.

2. Observation was conducted on / 2:45 p.m. staff (B) was observed coming out of multiple residents ' having direct care contact with resident during the time of survey.

During an interview with the administrator on at 2:57pm, he confirmed that an updated annual screening not completed within 30 days of hire date. The administrator confirmed staff (B) had direct care contact with residents on daily basis. The administrator also confirmed the most recent ( ) screening for

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employee (B) was completed on . The administrator confirmed staff is being updated with ( ) screening; no staff test is currently up to date.

A review of the employee personnel records on / revealed employee B was hired on . Employee B files revealed a screening dated . Employee (B) file did not have documentation indicating an updated ( ) screening was completed.

3. An interview with the administrator on / 3:21 pm. reviewed staff (C) files and confirmed she was not screened for within 30 days of employment.

A review of employee C personnel records on / revealed she was hired on . Employee C record contained no evidence that staff (C) was screened for ( ) within 30 day of employment.

A review of the facilities control policy effective date on / revealed " it is the residence to provide screening for all associates and volunteers who work in the residence in compliance with state, federal or local guidelines. All tests for associates and volunteers shall be outsourced by third party provider with documented evidence to be retained in the Associate file. "

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on employee interview and file review, the facility fail to ensure 2 (A and C) of 3 sampled staff had the required in-service training for reporting major incidents, Facility emergency procedures relating to emergency evacuations, residents rights, recognizing and reporting residents and , Resident behavior and needs , elopement and safe food handling practices.

Findings Include:

During an interview with the administrator on / at 2:23 pm he reviewed the files for staff C and confirmed findings.

A review of staff C files on revealed she was hired on . Staff C ' s file did not have documentation indicating she received training for reporting major incidents, facility emergency procedures relating to emergency evacuations, residents rights, recognizing and reporting residents and , Resident behavior and needs , elopement and safe food handling practices.

Class III

0082-Training - / 58A-5.0191(3) FAC

Based on interview and record review, the facility failed to ensure 2 (A and C) of 3 sampled employee files reviewed had in-service training within 30 days of employment status.

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Findings Include:

An interview with the administrator on / at 2:24 p.m. reviewed employee C 's file and confirmed that employee C has direct care contact with residents on a daily basis and employee C 's has not had in-service training within 30 days of employment.

During an interview with the administrator and the DON on / 5:00 pm confirmed that employee (A) had not had in-service training.

A review of employee A personnel records was conducted on / file revealed employee (A) had hire date of . The in-service trainings section in employee A 's file revealed no documentation on in-service training in personnel file.

A review of the employee C personnel records was conducted on / file revealed employee (C) had a hire date of . The in-service training sections in employee C 's file revealed no documentation on in-service training in personnel file.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on record review and interview, the facility failed to ensure that 1 (A) of 3 sampled personnel records contained the required training documentation for elopement training.

Findings Include:

1. An interview on / at 5:00pm with the Administrator revealed he had no evidence of the curriculum, certificates, and hours completed for elopement training for staff A.

A / review of the personnel record for staff A rehired on to work the 7:00 a.m. to 3:00 p.m. shift as a medication technician (direct care staff), revealed an in-service sign in log dated for elopement drill. No evidence could be found to indicate the subject matter of the training program; the program agenda; the number of hours and a certificate of the training program.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on record review and interview, the facility failed to ensure that 1 (A) of 3 sampled personnel records contained the required level II background screening prior to hiring.

Findings Include:

1. A review of the personnel record for staff A rehired on to work the 7:00 a.m. to 3:00 p.m. shift as a medication technician (direct care staff), revealed she was originally hired on and terminated employment on with a lapse of employment until her rehire date of . Review of the personnel file reveals an authorization for a reference and background check dated along with a level II background

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result dated . . I/ I.

An interview on I/ . at 5:00 p.m. with the Administrator confirmed the facility over looked the eleven month lapse in staff A ' s employment and stated a background screening should have been completed and was not.

Unclassifiec

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Windsor, The
2800 60th Avenue, West
Bradenton, FL 34207

RE: Amended Report

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on 11-12, 2015, by representative(s) 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

For Patricia Reid ufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com