STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968644	**03/09/2016**
NAME OF PROVIDER OR SUPPLIER **WINDSOR OF JACKSONVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5939 ROOSEVELT BOULEVARD JACKSONVILLE, FL 32244**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

On , 2016 a complaint survey (2015011954) was conducted at Windsor Assisted Living of Jacksonville, FL. Deficient practice was identified during the survey.

0052 Medication - Assistance with Self-Admin

Based on interview and record review, the facility failed to follow physician orders for 1 of 11 sampled residents prescribed medication.

The findings include:

Review of Resident #11 physician order showed 25mg, once every 12 hours orally with parameters to hold the medication if the (SBP) was less than 100, and rate (HR) less than 60.

Review of the Medication Observation Record (MOR) for 2016, 2016 and 2016 did not have any written on it. There was no documentation to show that Resident #11 were checked.

Review of the MOR showed that Resident #11 was given 25mg on , 2016 (9:00 am), , 2016 (9:00 am), , 2016 (9:00 am and 9:00 pm), , 2016 (9:00 am and 9:00 pm), , 2016 (9:00 am and 9:00pm), , 2016 (9:00 am), , 2016 (9:00 am and 9:00 pm).

Interview was conducted with Employee A (Health Care Coordinator) and Employee E (Residence Director) on . Employee A confirmed that Resident #11 was not being checked according to the physician orders. Employee A stated that the MOR will be updated so that staff will have a place to document the and pulse for Resident #11. Employee A stated that the system will also be updated to alert staff to check and pulse for residents per physician orders. Evidence Photos obtained.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review, interview, and observation, the facility failed to provide 2 of 5 employees (Employee B and C) the required 2 hour annual update training for providing assistance with medication self- administration.

The findings include:

An interview was conducted with Employee B, Certified Nursing Assistant (CNA)/med tech at 10:10 am on . She stated that she been working at the facility for a year and a half. She stated that do not remember taking a 2 hour annual update training for providing assisting with self- administration. She stated that she only remember taking the 4 hour initial training.

Observation of a medication pass was conducted with Employee B at 10:20 am on . Employee B assisted Resident #6 with self medication administration. Employee B handed resident #6 325mg tablet.

Review of Employee B record showed that she received 4 hours of training related to assistance with self administration of medication on , 2014.

Review of Employee C record showed that she received 4 hours of training related to assistance with self administration of medication on , 2014.

Review of the Medication Observation Record (MOR) showed that Employee B assisted resident #6 with medication self administration on at 10:25 am. Employee B signed the MOR with her initials showing that the 325mg tablet was given for pain and the medication was effective.

Review of Employee B and Employee C record showed that there was only a 4 hour initial assistance with self administrattion training in the files. There was not evidence of the required 2 hour update.

Review of Resident #6 Health Assessment (1823) showed that the resident #6 need assistance with

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self-administration of medications.

Interview was conducted with the Employee D at 1:20 pm on . Surveyor requested the annual update 2 hour training related to assistance with self- administration for Employee B and Employee C.

Interview was conducted with the Employee D at 1:40 pm on . She stated that Employee B and Employee C do not have the 2 hour annual update for providing assistance with self-administration of medications training .

Interview was conducted with Employee A at 2:15 pm on . She stated that she was not aware that they needed the 2 hour update. She stated that she scheduled Employee B and C for medication training and she will not let Employee B and C assist the residents with taking their medications until they complete the training. Evidence Photos obtained.

Class III

0160 Records - Facility

Based on interview and observation, the facility failed to maintain an up- to- date admission and discharge log.

The findings include:

Review of the admission and discharge log on only showed residents names, admission dates and discharge dates. The admission/discharge log did not have the reason for discharge, identification of the facility nor home address to which the resident was discharged.

Interview conducted with Employee E at 4:05 pm on . Employee E confirmed that the admission/discharge log did not have the reason for discharge, identification of the facility nor home address to which the resident was being discharged. Employee E stated that she will update the log to include the information. Evidence photos obtained.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Windsor of Jacksonville
5939 Roosevelt Boulevard
Jacksonville, FL 32244

RE: CCR #2015011954

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2016 by a representative 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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,

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

JG/JM/sm
Enclosure
XG90

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