STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968644	05/26/2016
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

An unannounced biennial re-licensure survey with Limited Nursing Services (LNS) was conducted at Windsor of Jacksonville (License #12509) in Jacksonville, Florida on , 2016. Deficient practice was identified as a result of the survey.

0081 Training - Staff In-Service

Based on record review and staff interview, the facility failed to provide three (3) of four (4) sampled employees with required training (Employees A, B and C).

The findings include:

During a biennial re-licensure survey conducted on , employee personnel files were reviewed. A review of Employee A's personnel file revealed that she was hired on / . Documentation of elopement training was not located in her file. The facility provided a booklet entitled "Legend Senior Living Health & Wellness Policy Manual" for review. It contained all of the facility's health and wellness policies including the policy related to elopement. A curriculum guide with this booklet listed was signed off on / / by Employee A and the Corporate Clinical Director along with approximately 20 other learnir j bj tives. The number of learning hours obtained was not available, and whether or not the Corporate Clinical Director was core trained was not available. On the facility emailed additional documentation for review, however; the email communication did not contain the required training. (Photographic evidence obtained)

A review of Employee B's personnel file revealed that she was hired on . Documentation of elopement training was not located in her file or made available for review during the survey. On the facility emailed additional documentation for review, however, the email communication did tain the required training.

A review of Employee C's personnel file revealed that she was hired on . Documentation of three (3) hours of training related to Activities of Daily Living (ADLs) and Behavioral Needs was not located in her file or made available for review during the survey. On the facility emailed additional documentation for review, however; the email communication did not contain the required training. Only two (2) hours of training related to ADLs were available. There was no training related to

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behavioral needs. (Copies obtained, emailed information obtained)

During an interview with the Human Resources on at 2:30 p.m., she stated that she had provided the survey team with all of the information that she had on file. She was unable to provide anything further.

Class III

0090 Training -

Based on record review and staff interview, the facility failed to maintain documentation of completion of training in the facility's policies and procedures regarding ( ) for three (3) of four (4) sampled employees. (Employees A, B and C)

The findings included:

During a biennial re-licensure survey conducted on , employee personnel files were reviewed. A review of Employee A's personnel file revealed that she was hired on / / . Documentation of training was not located in her file. The facility provided a booklet entitled "Legend Senior Living Health & Wellness Policy Manual" for review. It contained all of the facility's health and wellness policies including the policy related to . A curriculum guide with this booklet listed was signed off on / / by Employee A and the Corporate Clinical Director along with approximately 20 other learning ( ) es. The number of learning hours obtained was not available, and whether or not the Corporate Clinical Director was core trained was not available. On the facility emailed additional documentation for review; however, the email communication did not contain the required training. (Photographic evidence obtained)

A review of Employee B's personnel file revealed that she was hired on . Documentation of training was not located in her file or made available for review during the survey. On the facility emailed additional documentation for review which indicated that Employee A had provided the training. A review of Employee A's personnel file revealed that she was not core trained. The documentation provided was not dated, nor were education hours listed for the training. (Photographic evidence obtained)

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SUMMARY STATEMENT OF DEFICIENCIES
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A review of Employee C's personnel file revealed that she was hired on . Documentation of training was not located in her file or made available for review during the survey. On the facility emailed additional documentation for review which indicated that Employee A had provided the training. A review of Employee A's personnel file revealed that she was not core trained. The documentation provided was not dated, nor were education hours listed for the training. (Photographic evidence obtained)

During an interview with the Human Resources on at 2:30 p.m., she stated that she had provided the survey team with all of the information that she had on file. She was unable to provide anything further.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Windsor Of Jacksonville
5939 Roosevelt Boulevard
Jacksonville, FL 32244

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Nursing Services survey that was conducted on , 2016 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. **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 surveyors. Should you have any questions please call this office at -4201.

Sincerely,

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

JS/JM/sm
Enclosure
XG90

Jacksonville Field Office
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