STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967802	06/14/2016
NAME OF PROVIDER OR SUPPLIER **WINDSOR OF PALM COAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **50 TOWN COURT** **PALM COAST, FL 32164**	

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

0000 Initial Comments

An unannounced biennial licensure survey (License #11761) was conducted at Windsor Of Palm Coast on , 2016. Deficient practice was identified during the survey.

0081 Training - Staff In-Service

Based on employee record review and staff interview, the facility failed to ensure 2 of 3 staff members received one hour of in-service training regarding the facilities elopement response policy and procedures within 30 days of employment. (Employee A and C)

The findings include:

Record review on of the employee file for Employee A (hired) found she received .5 hours of training related to the facilities elopement policy and procedures.

Record review of the employee file for Employee C ( ) found no evidence she received training related to the facilities elopement policy and procedures.

The Administrator was asked for evidence of one hour of training for Employee A and C on at 12:38 PM and 2:55 PM. He was not able to provide the evidence.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a state licensure 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

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

NH/JM/sm
Enclosure
XG90

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