STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965578	**01/13/2017**
NAME OF PROVIDER OR SUPPLIER **WINDSOR, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2800 60TH AVENUE, WEST BRADENTON, FL 34207**	

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

0000 - Initial Comments

Assisted Living Facility

On 13, 2017, a biennial re-licensure survey with limited nursing services (LNS) was conducted at The Windsor assisted living facility (Lic#9932). Deficient practice was identified at the time of the investigation.

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SUMMARY STATEMENT OF DEFICIENCIES
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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to maintain an up-to-date Background Screening Clearinghouse employee roster for one (Administrator) of four employees selected for record review

Findings included:

Employee record review revealed that the Administrator was not listed on the Background Screening Clearinghouse employee roster. Further review of Administrator ' s record revealed that she was hired at the facility on .

During an interview with the Regional Director, on I/ At 12:55 p.m., she stated she was not aware that the administrator was not included on the roster.

She confirmed that the Administrator was not listed on the Background Screening Clearinghouse employee roster, and the Administrator started working at the facility on . She stated that she does not have the access to add the administrator to the employee roster.

CLASS III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

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

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited nursing services (LNS) that was conducted on , 2017 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. **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 , 2017.** 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(s). Should you have any questions please call **Teresa Ryan**, RNC at (727) 552-2000.

Sincerely,

Teresa Ryan RN

for Patricia Reid Caufman
Field Office Manager

PRC/clt
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
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Enclosure

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