STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968644	**05/08/2017**
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 , 2017 a change of ownership survey was conducted at Windsor of Jacksonville Assisted Living Facility (License number 12509). Deficient practice was identified during the survey.

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview, the facility failed to maintain a 3 day supply of emergency food to meet the needs of the residents in the facility.

The findings include:

During a tour of the emergency food supply with the chef, it was discovered that the emergency food supply, including emergency water, was expired.

This was confirmed by the chef on at 2:30 PM, and he acknowledged the expired food and the need to have a supply on hand to feed the residents in the event of an emergency.

Photographic Evidence Obtained.

Class III

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

Based on document review and staff interview the facility failed provide a current Level II background screen for 1 of 4 employees reviewed.

The Findings Include;

The file for Employee D, with a hire date of , contained an AHCA level II background screen completed with a date of . Rescreening is required every 5 years.

During an interview with the Administrator on at 12:45 PM she agreed the Level II background screen for Employee D was expired. She said a new background screen will be obtained.

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Unclassified