Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910374	A. BUILDING: _____ B. WING _____	06/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR COURT	3700 N. FLAGLER DR WEST PALM BEACH, FL 33406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Relicensure, Complaint (#2022008324) and Generator Monitoring Survey was conducted on through at Windsor Court. The facility had deficiencies identified related to the Relicensure and Complaint at the time of the survey.	A 000		
AL240	429.075; 59A-36.020(1) LMH - Licensing 429.075 Limited mental health license.-An assisted living facility that serves one or more mental health residents must obtain a limited mental health license. 59A-36.020 Limited Mental Health. (1) LICENSE APPLICATION. (a) Any facility intending to admit one or more mental health residents must obtain a limited mental health license from the agency before accepting the mental health resident. (b) Facilities applying for a limited mental health license that have uncorrected deficiencies or violations found during the facility's last survey, complaint investigation, or monitoring visit will be surveyed before the issuance of a limited mental health license to determine if such deficiencies or violations have been corrected. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to obtain or maintain Limited Mental Health (LMH) licensure as required for facility's with residents meeting LMH criteria residing in the facility. The findings included: On through a Relicensure	AL240		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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AL240	Continued From page 1 survey was conducted at the facility. During the review it was revealed the facility had 3 LMH residents residing in the facility. In an interview conducted with the Assistant Administrator on at 2:49 PM, she stated they do not have a LMH license any longer. She stated when COVID-19 started, the nurse overseeing the program would not come to the facility anymore. As such, she and the Administrator contacted the Agency (AHCA) and relinquished their LMH license. She further stated they are not interested in doing it anymore and did not want to renew it during the Relicensure Survey. In an interview conducted with the Administrator, Assistant Administrator and Administrative Assistant on at 12:46 PM, the Administrator stated most of the clients that were on their LMH panel had more medical than issues. Further, most of the Residents turned or were transferred to another facility that held a LMH license. A request was made for a list of LMH residents currently at the facility, and who were designated as LMH residents prior to the relinquishing of their LMH license. The Administrator identified 3 LMH residents who currently reside in the facility, Residents #16, Resident #17 and Resident #18. During the interview conducted on at 12:46 PM with the Administrator and Assistant Administrator, it was recapped an assisted living facility that serves one or more mental health residents must obtain and maintain a limited mental health license. The facility provided documentation they currently have 3 residents	AL240		

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AL240	Continued From page 2 residing in the facility who meet LMH criteria, and who were on their LMH panel prior to the relinquishing of the LMH license. During the exit conference conducted on with the Administrator and Assistant Administrator, they acknowledged the findings. Class III	AL240		