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 _____	10/10/2025

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

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A 000	Initial Comments An unannounced Licensure Complaint survey (#2025014981) was conducted at Windsor Court on . The facility had deficiencies at the time of the visit.	A 000		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule	A 025		

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A 025	Continued From page 1 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on records review, observation, and interview, the facility failed to ensure that 1 of 1 sampled resident (Resident #1) at risk for elopement was adequately assessed, supervised, and monitored to prevent elopement and recurrence of the behavior. The facility failed to ensure that Resident #1's health assessment record was updated to reflect that he was at risk for elopement. The findings included: Review of the facility's elopement policy defines elopement as: A missing resident whose whereabout is not	A 025		

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A 025	Continued From page 2	A 025		

known to staff and that resident is not able to independently leave the facility. Resident who are independently able to leave the facility but do not return by the expected time will also be considered as a "missing resident."

On , review of the facility's records regarding Resident #1's elopement revealed that Resident #1 had left the facility on at around 1:30 AM unbeknown to staff. A quick search for Resident#1 at about that time did not yield any positive result of relocating Resident #1. On , Resident #1 called the Assistant Administrator of the facility via telephone requesting to be picked up. Resident #1 was picked up and brought to the facility. After returning to the facility, Resident #1 was relocated to the second floor of the facility where residents with memory reside.

Review of the Sheet revealed Resident #1 was admitted to the facility on . Review of Resident #1's health assessment record (AHCA form 1823) documented Resident #1's diagnoses as: , and , following affecting his left non-dominant side; generalized ; ; , and . The health assessment or AHCA form 1823 which is dated documented Resident #1 is not at risk for elopement, and is alert and oriented x4 (person, place, time, and event). Resident #1 could voice his needs according to the record.

On at 9:05 AM, Staff A reported that it was Resident #1's first time eloping from the facility. Staff A also said they did not consider Resident #1 to be at risk for elopement. Meanwhile, Staff A said they are waiting for a

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A 025	Continued From page 3 consultation to determine the status of Resident #1. Staff A answered when questioned, they did not know how Resident #1 had left the facility. In an interview with Resident #1 on at 9:50 AM, he reported to the Surveyor that he left the facility to go visit his friend who resides about 30 miles away from the facility. Resident #1 said no one opened the door for him. He said, he climbed the fence to leave. During the interview, it was observed and noted that Resident #1 had a speech impediment and was reminiscing about his wife whom he reported had a few years ago. Resident #1's thoughts were repetitive and fixated on his personal identity as an American. He kept repeating "I am a US citizen, I have my American Passport". Resident #1 said he took three days to return to the facility because his memory is "bad" secondary to a car accident and injuries he sustained post years ago. He said he was able to return to the facility because he gave the facility's business card to someone to call the facility for him. On at 1:58 PM, in an interview with Staff B, a Home Health Aide who was present when Resident #1 had eloped on , she explained that at about 11:30 PM, while she was performing her regular nighttime duty, Resident #1 was spotted walking in the hallways and going to his room. At about 1:30 PM, when they checked in Resident #1's bedroom, they saw a comforter shaped like a human body on Resident #1's bed. Knowing that Resident #1 had done that before, Staff B said she quickly checked the bed and immediately realized that Resident #1 had left the facility. Staff A said when they searched the courtyard, they found four chairs stacked together by the facility's fence and a chair cushion	A 025		

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A 025	Continued From page 4 placed on the fence which led them to believe that the resident used that method to escape. Staff B said that she had reported that information to the Administration and they knew. Yet, no one from the Administration initially shared that information with the Surveyor despite multiple inquiries to know how Resident #1, with so many debilitating physical , , could have left the facility which is gated throughout. At 2:13 PM on , during a follow-up conversation with Staff B, she stated that the first time the resident had eloped on , at 22:44 PM, he was not gone for more than 20 minutes. He had left through the front door, because one of the residents had let him out. Staff B said no one monitors residents going in and out of the facility at night, the facility is secure and residents need to use a code to go out. She said that she told Resident #1 to remember to sign out when he is leaving the facility and had said he would. Staff B said Resident #1 did not know the facility's codes to exit the building. Staff B said, the first time Resident left, he was gone for only a very short time not far from the facility, by the Police. During the exit meeting, the findings were discussed with the Administration. They acknowledge the findings. Class III	A 025		

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ZZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	ZZ830		

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ZZ830	Continued From page 1 is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database	ZZ830		

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ZZ830	Continued From page 2 approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on records review and interview, the facility failed to obtain an approved comprehensive emergency management plan (CEMP) by failing to submit the application for the plan renewal timely. The findings included: On , the Administrator was asked to provide evidence of the facility's approved Comprehensive Emergency Management Plan (CEMP). The Administrator said it was not yet approved. The Administrator explained that the delay resulted from the facility securing a consulting agent to assist with the submission of the plan. The plan was therefore not submitted on time due to issues encountered during the process. Review of the previously approved CEMP documented an expiration date of . The application for renewal was supposed to be submitted on . Review of the CEMP submission receipt provided revealed the plan was submitted on . Therefore, the plan is currently not approved. Class III	ZZ830		