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 _____	

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 CCR# 2012007226 and 2012009039 Allegations were confirmed for both Complaint Inspections. The Windsor Court Assisted Living Facility is not in compliance with the Requirements for Assisted Living Facilities, related to the allegations reviewed.	A 000		
A 030 SS=D	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of	A 030		

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A 030	Continued From page 1	A 030		

the Florida Hotline " 1(800)96 or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.
(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the

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A 030	Continued From page 2 resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or	A 030		

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A 030	Continued From page 3	A 030		

attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a [redacted] his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally [redacted] the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without [redacted] interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right

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A 030	Continued From page 4 includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility did not honor 2 out of 3 residents' (residents #1 and 2) relocation rights. The findings are: In an observation on at 9:20am in the facility parking lot there were two parked law enforcement vehicles and resident #1 was inside officer #1 ' s vehicle. In an interview with officer #1 on at 9:30am, he stated that resident #1 was being transported out of the facility by action of involuntary examination due to a report by the facility that the resident was posing a risk and threatened the staff and that the facility initiated this without a professional certificate which required him to fulfill an emergency initiation. Review of resident #1 ' s record indicated that he was admitted to the facility on with diagnoses including hearing loss and Further review of the resident ' s record indicated that he had been discharged from the facility on by In an interview with the administrator on at 10:30am, he stated that the facility does not have the documentation for resident #1 ' s removal from the facility on and to represent the facility ' s initiation of these as a sending facility, which would include a "	A 030		

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A 030	Continued From page 5 Certificate of Professional " or " Report of a Law Enforcement Officer Initiating an Involuntary Examination " and " Transportation to a Receiving Facility " forms. At this time, the administrator stated that it was the responsibility of the law enforcement agency to handle the facility residents ' [illegible] and he felt the facility was not required to provide a physician or a mental health provider to adequately initiate a [illegible] for its residents. Review of resident #2 ' s record indicated that he was admitted to the facility on [illegible] and discharged from the facility on [illegible]. Further review of the resident ' s record indicated that there was no formal, written notice to inform the resident of his pending discharge. Review of the resident ' s observation notes dated on [illegible] indicated that that the facility decided to move the resident to another facility. In an interview with resident #2 on [illegible] at 11:35am, he stated that he was in the facility visiting other residents, he moved to another facility which is owned and operated by the administrator on [illegible] he was okay with the move, but he did not receive a 45-day written notice before he was moved to the other facility. Class III	A 030		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and	A 152		

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A 152	Continued From page 6 appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility did not maintain a safe living environment and did not ensure that all existing architectural, structural systems and appurtenances are maintained in good working	A 152		

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A 152	Continued From page 7 order. The findings are: In observations with the administrator on [redacted] from 11:00am to 12:30pm the following were noted: 1. In resident [redacted] the hallway floor leading to the closet and [redacted] not have any finished flooring surface exposing bare unfinished and uneven plywood. 2. The 2nd floor hallways inside the locked unit did not have any baseboards exposing gaps between the walls and the floors. 3. In resident [redacted] a wall area approximately 2 ' by 3 ' next to the air conditioning unit had wet, discolored and unstable drywall. 4. On the north hallway wall, leading from the 1st floor entrance hallway, there was a black colored bug approximately 1 " in length. 5. In cottage #3, the air conditioning unit had filter which was extremely soiled and brown/black debris. 6. In resident [redacted] there was a hole in the wall approximately 5 " by 2 " next to the unfinished baseboard and the air conditioning unit had rust build-up surrounding its cabinet. In an interview with resident #5 on [redacted] at 12:00pm, he stated that a few weeks ago his [redacted] invaded by approximately 20 bees that came out of a hole in the ceiling located directly above his bed. The resident also stated at this time that he told the facility about this and they provided him with money to purchase patching plaster so he may cover up the ceiling hole in his [redacted]. In an observation on [redacted] at 12:05pm inside resident #5 ' s [redacted], it was noted that a	A 152		

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A 152	Continued From page 8	A 152		

plaster patch marking approximately 5 " in diameter was located in the ceiling directly above his bed. In an interview with resident #5 on at 12:05pm, he stated that since he patched the ceiling with the plaster a couple weeks ago, the bees have not bothered him.

In an observation with the administrator on at 12:05pm in cottage #3, the area in which resident #5 ' s located in, the front door did not have a trim piece on the top part of the door jamb which exposed the interior wall and wooden door frame, the table lamps in the 2 cottage resident did not have lamp shades on them and the cottage terrace area was cluttered and littered with cinder blocks, debris and non-functional patio furniture. In an interview with the administrator on at 12:10pm, he stated that resident #5 placed the plaster patch over his bed to cover up a ceiling hole and that work should have been performed by a professional individual to ensure that the bees don ' t come inside his

It was observed during the inspection on that the common areas in the facility were air conditioned and the 1st floor patio door was electronically controlled to open and close automatically and was in working order. No other areas were observed in which doors or windows were left open to create a potential pest control hazard. In an interview with the administrator on at 1:40pm, he stated that the facility was found to have termites on but the contractor and the facility decided to hold off the termite treatment until the next or winter season. Review of the facility pest control invoices indicated that the facility received treatments on and and the facility did not correct 4 areas of attention in the

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A 152	Continued From page 9 kitchen, 1 area of attention in the exterior and 4 areas of attention in resident . . . . . . Class III	A 152		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Windsor Court
3700 N. Flagler Drive
West Palm Beach, FL 33406

RE: CCR #2012007226 & CCR #2012009039

Dear Administrator:

This letter reports the findings of complaint surveys that were conducted on , 2012 by a representative from this office.

Attached is the provider's copy of the State (3020) 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. Staff from this office will conduct a review after , **2012** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

A. C. Boyles, HFE Supervisor
for Arlene Davis
Field Office Manager

AMD/ls
Enclosure

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