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
	AL11910753	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR PLACE RETIREMENT HOME	1850 NE 26TH STREET WILTON MANORS, FL 33305

(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 Assisted Living Facility biennial standard licensure survey was conducted on [redacted]. Windsor Place Retirement Home had licensure deficiencies found at the time of the visit.	A 000		
A 008 SS=D	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or [redacted] services required by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication; 6. Whether the individual has signs or symptoms of a communicable [redacted] which is likely to be transmitted to other residents or staff; 7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and 8. The date of the examination, and the name, signature, address, phone number, and license number of the examining licensed health care	A 008		

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A 008	Continued From page 1	A 008		

provider. The medical examination may be conducted by a currently licensed health care provider from another state.
(b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, ... 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows:
1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment.
a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion.
b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider.
c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided.
2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the elements in Section 3. This requirement does not

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apply for residents receiving:
a. Extended congregate care (ECC) services in facilities holding an ECC license;
b. Services under community living support plans in facilities holding limited mental health licenses;
c. Medicaid assistive care services; and
d. Medicaid waiver services.
(c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823.
(d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).
(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule.
(f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a ..... order for residents who do not wish ..... to be administered in the case of ..... or .....
(g) A resident placed on a temporary emergency basis by the Department of Children and Family Services pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the

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A 008	Continued From page 3	A 008		

examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission.

This Statute or Rule is not met as evidenced by:
Based upon record review and interview it was determined that the facility failed to ensure that medical examinations (AHCA Form 1823) were obtained within the required timeframe for two of eleven sampled residents (Resident #1 and #5), as evidenced by late or lack of medical examination forms.

The findings include:

1. Resident #1 was admitted to the facility on ... Review of resident #1's record, conducted on revealed no documentation showing the required medical examination (AHCA Form 1823) obtained either 60 days prior to or within 30 days after admission. In an interview, conducted on ... at 1:10 PM, the assistant administrator acknowledged there was no medical examination (AHCA Form 1823) available for this resident.
2. Resident was admitted to the facility on ... Review of resident #5's record, conducted on , revealed a health assessment completed ... During an interview, conducted with the administrator on ... at approximately 2:03 PM, she stated

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A 008	Continued From page 4 she was unaware that the physician dated the health assessment incorrectly. Class III	A 008		
A 010 SS=D	58A-5.0181(4) FAC Admissions - Continued Residency (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph. After the effective date of this rule, providers shall have up to 12 months to comply with this requirement. (a) The resident may be bedridden for up to 7 consecutive days. (b) A resident requiring care of a : pressure . . . : may be retained provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a licensed health care provider, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident ' s record; and 3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed health care provider, the resident shall be	A 010		

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discharged from the facility.
(c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:
1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed;
2. Continued residency is agreeable to the resident and the facility;
3. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service permitted under the facility ' s license and total help with the activities of daily living; and
4. Documentation of the requirements of this paragraph is maintained in the resident ' s file.
(d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility.
(e) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.
(5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident ' s needs, as determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S.

This Statute or Rule is not met as evidenced by:
Based on interview and record review, the facility

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failed to ensure required documents related to a resident's hospice services were created and/or maintained in their records for one of eleven sampled residents (Resident #1), as evidenced by lack of documentation showing a physician certification of need for hospice services and an interdisciplinary care plan.

The findings include:

Review of resident #1's record conducted on . it was revealed that the resident has been a recipient of hospice services since . Further review revealed no documentation showing the resident was certified to qualify for hospices services; and there was no interdisciplinary care plan developed and implemented by hospice in consultation with the facility.

This was brought to the assistant administrator's attention on at 1:10 PM. After researching the issue, she provided a hospice care plan that included all hospice disciplines but made no reference to the duties and responsibilities of the assisted living facility staff. She stated there was no interdisciplinary care plan as described above. She also stated she could not locate the hospice certification for this resident.

Class III

A 025 SS=D	58A-5.0182(1) FAC Resident Care - Supervision	A 025		

An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility.
(1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident,

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including the following:
(a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, 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 individual.
(c) 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; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.
(e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.

This Statute or Rule is not met as evidenced by:
Based on interview and record review, the facility failed to adequately document a resident's record to show staff were monitoring and were aware of the resident's conditions, needs, special services received, etc., for one of eleven sampled residents (Resident #1), as evidenced by lack of documentation reflecting the status of the resident.

The findings include:

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Resident #1 has received hospice services since [redacted] and was admitted to this facility on [redacted]. Review of facility and resident #1's record, conducted on [redacted], revealed no documentation such as facility resident observation notes or progress notes, hospice nurse or aide visit notes, assessments or any other documentation showing hospice and facility staff monitored the resident's conditions and needs, unusual or significant incidents, or other pertinent information.

In an interview conducted [redacted] at 1:10 PM, the assistant administrator stated the resident was on hospice, and had been monitored and was receiving services. She acknowledged there was no related documentation in his file or elsewhere to show these services were provided.

Class III

A 030 SS=D	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures	A 030	

(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

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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 the Florida Hotline " 1(800)9€ : 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),

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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 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

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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 attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a [illegible] 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 [illegible], the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency

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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 , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right 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 observation and interview, it was determined that the facility failed to ensure that the required phone numbers for lodging a complaint against the facility was posted in an area, accessible to its residents.

The findings include:

1. During a tour of the facility conducted on at 9:25 AM, the surveyor observed that the required postings for the Advocacy center for persons with , the Florida Local Advocacy Council, the Agency for Healthcare Administration and the statewide toll-free telephone number for the Florida Hotline were not posted in the facility.

During an interview with the facility administrator, conducted on at approximately 11:15

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A 030	Continued From page 13 AM, she stated she was unaware that the numbers were not posted. 2. During a tour of the facility on [redacted] the surveyor observed the bed for resident #5 had [redacted] side rails. During an interview with staff member #3, conducted on [redacted] at approximately 9:49 AM, he stated that he did not know if there was an order for the resident to have the side rails. Record review was conducted of the file for resident #5 and revealed no order and consent for side rails. During an interview, conducted with the facility administrator on [redacted] at approximately 1:58 PM, she stated that she was unaware that the side rails require a physicians order, as the side rails was on the bed prior to the resident being admitted to the facility. She stated she would have the side rails removed. Class III	A 030		
A 092 SS=D	58A-5.020(1) FAC Food Service - General Responsibilities Food Service Standards. (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator or a person designated in writing by the administrator shall: (a) Be responsible for total food services and the day to day supervision of food services staff. (b) Perform his/her duties in a safe and sanitary manner. (c) Provide regular meals which meet the nutritional needs of residents, and therapeutic diets as ordered by the resident ' s health care provider for resident ' s who require special diets. (d) Maintain the in-service and continuing	A 092		

Agency for Health Care Administration

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	AL11910753	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR PLACE RETIREMENT HOME	1850 NE 26TH STREET WILTON MANORS, FL 33305

(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 092	Continued From page 14	A 092		

education requirements specified in Rule 58A-5.0191, F.A.C.

This Statute or Rule is not met as evidenced by:
Based upon observation and interview, it was determined that the facility failed to perform its food service in a safe and sanitary manner.

The findings include:

Observation of the food service, accompanied by the maintenance director on [redacted] at 11:01 AM, revealed the following concerns:

1. 66 Packs of bread had expiration dates from [redacted].
2. 6 packs of hot dog buns with expiration dates from [redacted].
3. Freezer #1 was observed to be dirty and encruisted with old food debris and stains.
4. Maintenance tools and equipment was stored and commingled with food in the food pantry.
5. Two bottles of half consumed water belonging to employees (confirmed by the maintenance director) was stored next to the bread, in the pantry.

Upon further observation of the food service, accompanied by the cook and recreation director on 11 [redacted] at 11:05 AM, revealed the following concerns:

6. The sanitizing machine was observed to have a large amount of build up soap scum on the interior of the machine.
7. A cutting board was observed on the floor behind the counter.
8. The food processor was extremely rusted

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A 092	Continued From page 15	A 092		

and in bad condition.

9. Five food/storage racks was noted to be badly deteriorated and needs to be replaced.

10. Four cooking pots were blackened and discolored.

11. Cups and silverware were placed on tables for lunch service and was observed. to remain uncovered for more than an hour. The housekeeping staff was observed. sweeping and mopping the ... the utensils and glasses were observed uncovered and face up on the table.

12. The cook was observed preparing the salad for the lunch meal and was observed to not wash the vegetables for the salad after taking the vegetables from the refrigerator.

13. Purses and used water bottles for employees were stored in the food prep area.

These concerns were discussed with the assistant administrator on ... at 3:05 PM.

Class III

A 093 SS=D	58A-5.020(2) FAC Food Service - Dietary Standards	A 093	

(2) DIETARY STANDARDS.
(a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, ... and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program.
(b) The recommended dietary allowances shall be met by offering a variety of foods adapted to

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A 093	Continued From page 16	A 093		

the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows:
1. Protein: 6 ounces or 2 or more servings;
2. Vegetables: 3 5 servings;
3. Fruit: 2 4 or more servings;
4. Bread and starches: 6 11 or more servings;
5. Milk or milk equivalent: 2 servings;
6. Fats, oils, and sweets: use sparingly; and
7. Water.
(c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.
(d) Menus to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and

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A 093	Continued From page 17	A 093		

therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months.
(e) Therapeutic diets shall be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to document what is eaten unless a health care provider ' s order indicates that such monitoring is necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility.
2. The facility shall document a resident ' s refusal to comply with a therapeutic diet and notification to the resident ' s health care provider of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the resident ' s responsible party refusing the diet is acceptable documentation of a resident ' s preferences. In such instances daily documentation is not necessary.
(f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals.
(g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents,

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A 093	Continued From page 18	A 093		

including adaptive equipment if needed by any resident, shall be on hand.
(h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.

This Statute or Rule is not met as evidenced by:
Based on observation and interview, it was determined that the facility failed to 1). ensure that recommended dietary allowances were met and 2). ensure that food served to residents was served attractively and at safe and palatable temperatures.

The findings include:

Observation of the lunch food service conducted on [redacted] at 11:50 AM, revealed the following concerns:

1. The lunch menu listed the following items to be served: 4 oz tossed salad, 3 oz baked ham, 4 oz yams, 4 oz spinach, 1 slice bread and 4 oz fresh fruit. However, upon request by the surveyor, the

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A 093	Continued From page 19	A 093		

recreation director weighed the food items served revealing the residents did not receive portions according to the planned menu, specifically: 2 oz of baked ham, 2 oz spinach, 9 oz yams, no bread and no fresh fruit. The surveyor observed that the cook failed to use any utensils to measure the required portions for service and failed to utilize the menu to ensure the residents received the specified portions listed.

2. Observation of the lunch menu revealed a container of chopped ham lying on the kitchen counter on [redacted] at 11:45 AM. The plate of ham remained on the counter for approximately 45 minutes. The surveyor observed the activities director attempting to microwave the plate of chopped ham to serve the residents. The surveyor requested the temperature of the chopped ham prior to her microwaving the plate. The cook was unable to find a thermometer in the kitchen. A thermometer was obtained from the maintenance director and the temperature was obtained and revealed the ham to be at 80 degrees. An interview was attempted with the cook on [redacted] at approximately 12:20 PM during which she grunted indecipherable words and could not explain why the ham was left on the counter and not refrigerated.

3. The surveyor observed that the lunch menu was not prepared by utilizing standardized recipes. During an interview with the assistant administrator conducted on [redacted] at approximately 1:26 PM, she stated she was unaware standardized recipes were necessary.

These concerns were discussed with the assistant administrator on [redacted] at 3:05 PM.

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A 093	Continued From page 20	A 093		
	Class III			
A 125 SS=D	58A-5.021(6) FAC Fiscal - Surety Bonds	A 125		

(6) SURETY BONDS. Pursuant to the requirements of Section 429.27(2), F.S.:
(a) A facility whose owner, administrator, or staff, or representative thereof, serves as the representative payee or attorney-in-fact for facility residents, must maintain a surety bond, a copy of which shall be filed with the agency. For corporations which own more than one facility in the state, one surety bond may be purchased to cover the needs of all residents served by the corporation.
1. If serving as representative payee:
a. The minimum bond proceeds must equal twice the average monthly aggregate income or personal funds due to residents, or expendable for their account which are held by the facility; or
b. For residents who receive , the minimum bond proceeds shall equal twice the supplemental security income or social security income plus the payments including the personal needs allowance.
2. If holding a power of attorney:
a. The minimum bond proceeds shall equal twice the average monthly income of the resident, plus the value of any resident property under the control of the attorney in fact; or
b. For residents who receive the minimum bond proceeds shall equal twice the supplemental security income or social security income and the payments including the personal allowance, plus the value of any resident property held at the facility.
(b) Upon the annual issuance of a new bond or continuation bond the facility shall file a copy of the bond with the AHCA central office.

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A 125	Continued From page 21	A 125		

This Statute or Rule is not met as evidenced by:
Based on interview and record review, the facility was the representative payee for an estimated 60 residents and failed to obtain and maintain the required surety bond, as evidenced by lack of documentation showing the required surety bond was in place.

The findings include:

During the entrance conference conducted on [redacted] beginning at 9:00 AM, when asked if the facility or anyone associated with the facility was the representative payee for any of their residents, the assistant administrator stated the facility was the representative payee for about 60 of their 75 current residents. She presented correspondence related to two residents' (#16 and #17) from the social security administration documenting payments were made to the facility "for [resident's name]".

When asked if the facility had a surety bond, she stated to the best of her knowledged they did not and asked what it was for, the regulation was review with her at that time. On [redacted] she contacted this writer and presented a copy of a document that appeared to be a "Crime" policy and listed $10,000 coverage for "employee dishonesty". When told this was not acceptable as a surety bond, she stated the facility's insurance agent would provide the requested information. At the time of writing this report, no additional documentation or information was received.

Class III

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A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other	A 152		

(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 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

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A 152	Continued From page 23	A 152		

This Statute or Rule is not met as evidenced by:
Based on observation and interview, it was determined that the facility failed to provide a safe and decent living environment for its residents to reside in.

The findings include:

A tour of the facility was conducted on [redacted] at 9:28 AM, accompanied by the maintenance director, revealed the following concerns:

1. No soap was observed in any of the [redacted] used by residents throughout the facility. An interview was conducted with the maintenance director on [redacted] at approximately 9:49 AM during which he stated he was unaware that the facility was required to provide the soap in the [redacted] for the residents to use to wash their hands.

2. [redacted] was observed to have several cockroaches at different stages of development running throughout the [redacted]. The [redacted] also observed to have an extraordinarily heavy smell of [redacted] prevalent throughout the [redacted].

3. [redacted] - 4 beds were observed to have excessively worn and torn bedding and the [redacted] were observed to be chipped.

4. [redacted] - 4 out of 4 beds were observed to have torn linen, furniture deteriorated, the [redacted] was observed to have peeling paint, the sink was [redacted] from the wall and missing securing feet.

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5. - the fan in the [illegible] a thick layer of dust, the [illegible] was missing plaster, the [illegible] has missing several tiles, the toilet tank cover was mismatched and does not fit the toilet tank and the door frame has peeling paint. The electric outlet near Bed #5 has a missing outlet cover. The maintenance director attempted to replace the cover and sparks flew from the outlet and all of the went out.

6. the were dirty, 2 out of the 3 beds had torn linen and the mattresses of both of these beds were observed to be excessively ripped and worn.

7. the mattresses of 2 out of the of 3 beds were extremely deteriorated and the seat is broken.

8. -the A/C vent was taped to the wall, the mattresses of the 3 beds needs to be replaced, as the plastic outer layer is excessively ripped. Several large cockroaches were observed falling out of dresser drawers when the maintenance director tried to close the draw. A hole was observed in the door jam.

9. - (private the mattress was excessively ripped and filthy

10. - the walls were observed to be blackened with dirt and in need of painting, the bathtub was observed to be heavily discolored and floor tiles were observed to be missing and mismatched throughout the

11. # the walls were observed to be covered in dust balls throughout the . The ceiling vent was also observed to be extremely

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dirty and filled with a thick mat of dust.

12. [illegible] # [illegible] - 3 beds were observed to have pillows that were in very poor condition. The pillows were observed to not be covered with a pillowcase. An interview was conducted with the maintenance director on [illegible] at approximately 10:18 AM during which he stated that housekeeping staff had made the beds and he did not understand why they did not put linen on the bed.

13. [illegible] - The [illegible] was observed to be deteriorating - the base of the dresser and nightstand was observed to have water damage and was splitting in many areas. An interview was conducted with the maintenance director on [illegible] at approximately 10:27 AM during which he stated that they purchased the furniture used and was not previously informed that the furniture was involved in any water damaging event. He stated they would take measures to promptly address the furniture.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Windsor Place Retirement Home
1850 NE 26th Street
Wilton Manors, FL 33305

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2012 by representatives 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 (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013** 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State Form 3020
XG90

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