

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910760	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER WINDSOR HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 411 HAMILTON CRESCENT CLEARWATER, FL 33756		
(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 Assisted Living Facility A complaint survey, CCR# 2013000803, was conducted on The Windsor House, assisted living facility, had a deficiency found at the time of the visit.	A 000			
A 030	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			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

8000

EL1211

If continuation sheet 1 of 8

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A 030	Continued From page 1 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	A 030			

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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 attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a _____ 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 _____, 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 _____, interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right	A 030			

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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 observation and interview, the facility failed to maintain a safe and decent living environment for eight of ten sampled residents (Residents 1-8). Specifically, the facility failed to ensure the residents were living in an environment free from bed bug infestation and did not inform new residents moving into the facility of the bed bug infestation. As a result, multiple residents sustained bed bug bites. Findings include: On at approximately 9:10 a.m., the surveyor conducted an interview with Resident #1 in her the facility. Resident #1 was observed to have multiple bed bug bites on her arms, legs, back and stomach. Resident #1 said she reported to facility staff and the facility administrator that she was being bitten at night. Resident #1 said the staff and administrator took no action when she reported the bed bugs. Resident #1 said she sought medical treatment for the bed bug bites, first from the medical provider who came to the facility and then at a local hospital. The surveyor also observed bed bugs on the wall of Resident #1's On that same date at approximately 9:45 a.m., the surveyor conducted an interview with Resident #2. Resident #2 said she had resided at the facility for one week. Resident #2 said she	A 030			

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A 030	Continued From page 5 had not been told about the bed bug infestation when she moved into the facility. Resident #2 was observed to have bed bug bites on her arms, neck, back and hip. On that same date at approximately 10:15 a.m., the surveyor interviewed Resident #3. Resident #3 reported that he and his (Resident #7) have bed bugs in their . Resident #3 stated he believes he has been bitten by bed bugs multiple times. This surveyor observed live bed bugs on the walls, box springs and bedding in the by Resident #3 and Resident #7. The surveyor observed multiple live bed bugs on both beds. On that same date at approximately 850 a.m., the surveyor interviewed Resident #4. Resident #4 said she had seen bed bugs at the facility in her had been bitten. On that same date at approximately 8:55 a.m., the surveyor interviewed Resident #5. Resident #5 said she was aware of bed bugs at the facility and had been bitten "a few times." On that same date at approximately 8:40 a.m., the surveyor interviewed Resident #6. Resident #6 said the facility staff knew there were bed bugs and were finally preparing to take steps to "get rid of them for good." Resident #6 said the facility had bed bugs for "a few months" and said he'd been bitten in the past. On at 11:00 a.m., a representative from the Department of Health confirmed to the surveyor that the facility had a "live infestation" of bed bugs. The administrative designee for the facility was interviewed on at approximately 11:10 a.m. The administrative designee stated that the	A 030			

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A 030	Continued From page 6 facility had a bed bug infestation in 2012. At that time, the facility purchased chemicals and materials from a pest control company and the facility's maintenance person treated the facility. The facility continued to use the chemicals for maintenance to control the problem since that time. The administrative designee said that when she was told that a bed bug had been sighted, she treated that the facility. The administrative designee said she had observed live bed bugs at the facility "occasionally" over the last couple of months. The administrative designee said that on _____, Resident #1 and Resident #8 both advised her they had bed bugs in their _____ The administrative designee said Resident #8's _____ treated but Resident #1 did not want to allow facility staff into her _____ treat it. The _____ eventually treated on _____. The administrative designee further stated that when Resident #2 moved in, they did not know that the _____ moved into had bed bugs and confirmed that Resident #2 was not told the facility had bed bugs. The administrative designee also confirmed that Resident #1 had been treated by a medical provider at the facility for the bites on _____ and had also been seen at the local hospital on _____ for the bites. Resident #1 had been prescribed oral and _____ medication for the bed bug bites. The administrative designee said that Resident #2 had seen a dermatologist at the facility for her bed bug bites on _____. The administrator was interviewed on _____ at 11:45 a.m. The administrator stated the facility was doing "maintenance" to prevent against further problems with bed bugs since _____. The administrator said he had run out of _____	A 030			

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A 030	Continued From page 7 one of the chemicals he used to treat the bed bugs. The administrator further stated that he was aware that bed bugs had been observed on multiple occasions in the last two to three months but said it did not appear to be serious until The administrator said that Resident #2 was admitted to the facility on and was not told about the bed bugs. Class II Widespread	A 030			



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Windsor House
411 Hamilton Crescent
Clearwater, FL 33756

Dear Administrator:

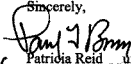
Re: CCR# 2013000803

This letter reports the findings of a complaint survey that was conducted on , 2013, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency 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 surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

For Patricia Reid, **Field Office Manager**

PRC/kpr

Enclosure: State Form 3020

