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 complaint inspection (CCR #2012013168) survey was conducted on 04/1. . . . . Place Retirement Home, had a licensure deficiency found at the time of the visit.	A 000		
AZ827 SS=C	408.812, FS Unlicensed Activity (1) A person or entity may not offer or advertise services that require licensure as defined by this part, authorizing statutes, or applicable rules to the public without obtaining a valid license from the agency. A licenseholder may not advertise or hold out to the public that he or she holds a license for other than that for which he or she actually holds the license. (2) The operation or maintenance of an unlicensed provider or the performance of any services that require licensure without proper licensure is a violation of this part and authorizing statutes. Unlicensed activity constitutes harm that materially affects the health, safety, and welfare of clients. The agency or any state attorney may, in addition to other remedies provided in this part, bring an action for an injunction to restrain such violation, or to enjoin the future operation or maintenance of the unlicensed provider or the performance of any services in violation of this part and authorizing statutes, until compliance with this part, authorizing statutes, and agency rules has been demonstrated to the satisfaction of the agency. (3) It is unlawful for any person or entity to own, operate, or maintain an unlicensed provider. If after receiving notification from the agency, such person or entity fails to cease operation and apply for a license under this part and authorizing	AZ827		

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AZ827	Continued From page 1	AZ827		

statutes, the person or entity shall be subject to penalties as prescribed by authorizing statutes and applicable rules. Each day of continued operation is a separate offense.

(4) Any person or entity that fails to cease operation after agency notification may be fined $1,000 for each day of noncompliance.

(5) When a controlling interest or licensee has an interest in more than one provider and fails to license a provider rendering services that require licensure, the agency may revoke all licenses and impose actions under s. 408.814 and a fine of $1,000 per day, unless otherwise specified by authorizing statutes, against each licensee until such time as the appropriate license is obtained for the unlicensed operation.

(6) In addition to granting injunctive relief pursuant to subsection (2), if agency determines that a person or entity is operating or maintaining a provider without obtaining a license and determines that a condition exists that poses a threat to the health, safety, or welfare of a client of the provider, the person or entity is subject to the same actions and fines imposed against a licensee as specified in this part, authorizing statutes, and agency rules.

(7) Any person aware of the operation of an unlicensed provider must report that provider to the agency.

This Statute or Rule is not met as evidenced by:
Based on interviews and record reviews, it was determined the facility failed to obtain a Limited Mental Health (LMH) license prior to admitting three or more limited mental health residents. As evident of the facility currently having a total of 10

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AZ827	Continued From page 2	AZ827		

limited mental health residents (Residents #3, #4, #5, #6, #7, #8, #9, #10, #11 & #12).

The findings include:

a) On . . . at approximately 10:45 AM, an interview was conducted with Resident #3. She said she suffers from and does not have a case manager. She said she takes for her .

On . . . a record review was conducted on Resident #3 facility records. It was observed that her 1823 health assement had a diagnosis of . She also receives SSI and has an . . application on file with DCF dated . . .

b) On . . . at approximately 10:52 AM, an interview was conducted with Resident #4. He stated he has a mental health diagnosis of and he has no case manager. He used to take . but he is on something different now.

On . . . a record review was conducted of Resident #4 records. It was observed that there was an application in his file from DCF dated . His was changed from 239.00 to 78.00 with an effective date of .

c) On . at approximately 10:56 AM, an interview was conducted with Resident #5. He said he had no case manager or a mental health diagnosis.

On a record review was conducted resident #5 records. It was observed he had an . application on file with DCF dated . . . He also had a mental health community living support plan dated . .

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AZ827	Continued From page 3	AZ827		

d) On 04/16 : approximately 11:01 AM, an interview was conducted with Resident #6. He said he does not have a case manager and he can not get a job because he is bipolar. . . said he did not know what type of medication he takes. He said he was declared incompetent Broward County. He said he was a prophet, but he does not know what his job is, he could be from God or the devil.

On 04/16 _ _ _ record review was conducted on Resident #6 records. His 1823 health assessment shows he has a diagnosis of Bipolar disorder. . . also goes to the Henderson Mental Health Center for treatment.

On 04/16 _ _ _ _: approximately 3:04 PM an interview was conducted with Residents #6 dad by phone. The dad stated that Resident #6 gets social security through him because as a child he was diagnosed with border line schizophrenia. dad also confirmed that Resident #6 does go to the Henderson Mental Health for treatment.

e) On 04/16 _ _ _ _: approximately 11:09 AM, an interview was conducted with Resident #7. Resident #7 stated he does not have a case manager but he sees a psychologist. He said he did not know what types of medication he takes.

On 04/16 record review was conducted of Resident #7's record. It was observed that his 1823 health assesment shows a diagnosis for psychosis. also had an OSS on file with DCF dated 05/0 _.

On 04/16 _ _ _ _: approximately 11:15 AM, an interview was conducted with Resident #8.He said he did not have a case manager. He said he

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AZ827	Continued From page 4	AZ827		

has a diagnosis of major and

On a record review was conducted of Resident #8's record. It was observed on his 1823 health assesment that he had a diagnosis of and his behavioral statue was medications. There was no SSI or information in his record.

On at approximately 3:47 PM, an interview was conducted with Resident #8's sister by phone. The sister stated that Resident #8 receives SSI for mental illness and that he is his own payee.

g) On at approximately 11:22 AM, an interview was conducted with Resident #9. He said he has a case manager and she is the " the women with black hair " and he does not know her name. He said his mental health diagnosis is

On a record review was conducted of Resident #9's records. It was noted that Resident #9 receives SSI benefits. He also has an application on file with DCF dated

h) On at approximately 11:30 AM, an interview was conducted with Resident #10. He said he moved here from another ALF. He said he thinks he has a Doctor for a case manager . He said his mental health diagnosis is

On 04/16 record review was conducted of Resident #10's records. It was observed that his 1823 health assessment shows a diagnosis of bipolar receives SSI disability has an OSS on file with

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AZ827	Continued From page 5 DCF dated i) On at approximately 11:35 AM, an interview was conducted with Resident #11. She said she does not have a case manager and she has a mental health diagnosis of being On a record review was conducted of Resident #11's records. It was noted she receives SSI. Her 1823 health assessment stated her diagnosis is There was no application in her file. j) On a record review was conducted of Resident #12's records. Her 1823 health assessment documented she had a diagnosis of It was further noted she receives SSI and she has an application on file with DCF dated	AZ827		

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

RE: CCR# 2012013168

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on . 2013 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 (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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State (3020) Form
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924