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 An Assisted Living Facility complaint inspection (CCR #2013000991) survey was conducted on Windsor Court, had licensure deficiencies found at the time of the visit.	A 000		
A 123 SS=D	58A-5.021(4) FAC Fiscal - Resident Trust Funds & Adv Payments (4) RESIDENT TRUST FUNDS AND ADVANCED PAYMENTS. (a) Funds or other property received by the facility belonging to or due a resident, including the personal funds described in subsection (3), shall be held as trust funds and expended only for the resident ' s account. Resident funds or property may be held in one bank account if a separate written accounting for each resident is maintained. A separate bank account is required for facility funds; co mingling resident funds with facility funds is prohibited. Written accounting procedures for resident trust funds shall include income and expense records of the trust fund, including the source and disposition of the funds. (b) Money deposited or advanced as security for performance of the contract agreement or as advance rent for other than the next immediate rental period shall be kept separate from the funds and property of the facility, and shall be used, or otherwise expended, only for the account of the resident. On facility financial statements, such funds shall be indicated as restricted assets and there shall be a corresponding liability shown. This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to ensure residents' personal funds	A 123		

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A 123	Continued From page 1 were not commingled with facility funds in a single bank account. The findings include: On [redacted] at 2:30 PM, the [redacted] 2012 account statement for residents' personal funds was reviewed and showed two checks made out to Pizza Hut. The assistant administrator stated during interview at this time that the facility put money into the account with the residents' personal funds to cover the cost of these special meals provided to all residents. The account was not exclusively used for residents' personal funds. Class III	A 123		
A 125 SS=D	58A-5.021(6) FAC Fiscal - Surety Bonds (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 [redacted], the minimum bond proceeds shall equal twice the supplemental security income or social security [redacted] income plus the [redacted] payments including the personal needs allowance.	A 125		

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A 125	Continued From page 2 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. This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to maintain a surety bond equal to twice the average monthly amount of personal funds held by the facility. The findings include: On at 2 PM, the average monthly amount of personal funds was discussed with the assistant administrator. She presented a checking account statement for 2012 which showed an "average ledger balance" of $5880.52. The current surety bond dated showed an amount of $5000.00. During interview with the Assistant Administrator at this time, she stated the Administrator "was working on obtaining a higher amount" regarding the bond. Class III	A 125		
A 126 SS=D	58A-5.021(7) FAC Fiscal - Resident Accounting	A 126		

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A 126	Continued From page 3 (7) RESIDENT ACCOUNTING. (a) If the facility provides safekeeping for money or property; holds resident money or property in a trust fund; or if the facility owner, administrator, or staff, or representative thereof, acts as a representative payee; the resident or the resident ' s legal representative shall be provided with a quarterly statement detailing the income and expense records required under subsection (4), and a list of any property held for safekeeping with copies maintained in the resident ' s file. The facility shall also provide such statement upon the discharge of the resident, and if there is a change in ownership of the facility as provided under Rule 58A-5.014, F.A.C. (b) If the facility owner, administrator, or staff, or representative thereof, serves as a resident ' s attorney-in-fact, the resident shall be given, on a monthly basis, a written statement of any transaction made on behalf of the resident. (c) Within 30 days of receipt of an advance rent or security deposit, the facility shall notify the resident in writing of the manner in which the licensee is holding the advance rent or security deposit. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure quarterly statements were provided to 4 out of 5 sampled residents (Resident #1,#2, #3 and #5) who kept personal funds with the facility. The findings include: On , the facility's accounting of personal funds for Resident #1,#2, #3 and #5 was reviewed. The following discrepancies were	A 126		

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A 126	Continued From page 4 identified: a)Resident #1's last notation that a quarterly statement was provided indicated . Additionally, R#1 on and no documentation that a quarterly statement was provided to his next of kin upon "discharge" was present and available for review. b) Resident #2's last notation that a quarterly statement was provided indicated . R#2 was interviewed on at 2 PM and stated she had never received any documentation of accounting of her funds. R#2's sister (representative who provided personal funds to the resident) was interviewed by phone on at 4:33 PM and stated she had never received any accounting of the resident's personal funds. c) Resident #5's last notation that a quarterly statement was provided indicated R#5 was interviewed at 2:30 PM on and stated he had not received any documentation of accounting of his personal funds. During interview with the Assistant Administrator at 2:45 PM on , she acknowledged that the facility's procedure to show quarterly statements were provided was to document "quarterly statement" on a row on residents' "Personal Petty Cash" account sheets on the date they were provided. She was also interviewed again by telephone on at 11:42 AM and stated she had not provided the statements "for only one or two residents". Class III	A 126		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

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

Dear Administrator:

Re: CCR #2013000991

This letter reports the findings of a state 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, ALF Surveyor

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