

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/24/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910374	(X3) DATE SURVEY COMPLETED 08/14/2013
NAME OF PROVIDER OR SUPPLIER Windsor Court	STREET ADDRESS, CITY, STATE, ZIP CODE 3700 N. Flagler Dr West Palm Beach, FL 33406	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - Initial Comments

St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Complaint Inspection (CCR# 2013007276) was conducted on Windsor Court, had licensure deficiency found at the time of the visit.

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC

Based on interview and record review, the facility failed to file an adverse incident reports for an event which was reported to law enforcement for investigation, for 1 of 3 sampled residents (Resident #1).

The findings include:

A review of a local police department 's police report revealed on a police officer reported to the facility to investigate the financial of Resident #1 by a Staff member A. The police conducted an investigation and Staff A was on the scene.

A review of the Agency for Health Care Administration Adverse Incident Report records for this facility revealed the facility did not file an Adverse Incident Report related to the incident with resident #1.

On at 11:47 AM, the Administrator was interviewed. He confirmed the facility did not file an Adverse Incident Report with the Agency for Health Care Administration after the local police department was called to investigate (financial an incident at the facility.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

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

Dear Administrator:

Re: CCR #2013007276

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 (5000-3547) 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 form 5000-3547
XG90

