STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910374	08/14/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Windsor Court	**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 - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced complaint inspection (CCR# 2013006659) was conducted on . . . . . Windsor Court, had a licensure deficiency found at the time of the visit.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on observation, record review, and interview, the facility failed to provide 12 hours a week of activities, for 24 of 24 residents living in the Memory Care Unit.

The findings include:

1. On . at 2:14 PM, 10 residents were observed in the main seating area of the Memory Care Unit, the Television (TV) was on the Life Time Network and only three residents were looking at the TV. At 2:50 PM. residents were observed seating in the main seating area of the Memory Care Unit with the TV on. At 4:01 PM, residents were observed in the seating area of Memory Care Unit with the TV on. On . . . . at 9:44 AM, residents living in the Memory Care Unit were observed in the main seating area in front of the TV, the news was on.

2. On . at 12:36 PM, the facility's camera footage of the memory care unit was reviewed. The footage revealed on . . . . . at 7:00 AM, residents on the Memory Care Unit were in the main seating area of the Memory Care Unit until they were transferred downstairs for breakfast at 7:28 PM. The residents returned to the Memory Care Unit after breakfast. Continued review of the video revealed from 11:10 AM to 11:13 AM, a staff member was observed dancing with the residents. One resident was observed to dance alone until 11:43 AM. Then the residents went downstairs for lunch. Continued review of the footage revealed the staff did not provide activities between 1:00 PM and 4:30 PM. At 4:31 PM, a facility staff member was observed throwing a large ball around for the residents on the Memory Care Unit. No other activities were observed on the footage. A review of footage revealed between 7:00 AM and 12:36 PM. (time of viewing) residents on residing in the Memory Care Unit did not have an activity.

3. On . . . . . at 9:25AM, Resident #11 was interviewed. Resident #11 stated, "This place does not offer me anything in the way of activities." The exercises I get is by walking up and down the corridor. "Resident #1 stated occasionally the staff will throw a ball around as an activity.

4. On . . . . . Resident #12 was interviewed. Resident #12 reported the facility did not offer activities for her on a daily basis.

5. On . . . . . Staff B was interviewed. Staff B stated she works on the Memory Care Unit. Staff B stated the

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facility offers between twenty to thirty minutes of activities per day for resident on the Memory Care Unit.

6. On [redacted] 12:38 PM, the Assistant Administrator was interviewed. The Assistant Administrator stated the facility offers the Memory Care residents the same activities as the other residents in the facility and stated what is listed on the activity calendar should be offered for the Memory Care residents also.

7. A review of the facility's Activity Calendar revealed the planned activity for [redacted] was listed as 10:00 AM, a resident meeting. At 10:30 AM, residents were to have music and at 3:00 PM, residents were to play bingo. Further review of the activity calendar revealed on [redacted] at 10:30 AM, residents were to have an ice cream social and at 2:15 PM, residents were to have an ice-cream social.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation, interview and a review of the facility's activity calendar, the facility failed to ensure structural and mechanical items in the facility were maintained for 3 out of 10 sampled residents (Residents #1, #3, and #9).

The findings include:

1. On [redacted] at approximately 11:35 PM, tour of the facility was conducted., observations during the tour revealed the following:

   a) A wall Air Conditioning unit (AC) in Resident #9's [redacted] leaking and the fan in the ceiling of her [redacted] not in place, leaving a large hole in her ceiling (Pictures taken).

   b) Observations of Resident #1's [redacted] a large discolored stain on the ceiling of his [redacted] on the wall below the ceiling (picture taken).

   c) The smoke face to the smoke detector in Resident #3's [redacted] not attached and the closet on the left side of Resident #3's [redacted] not have a finished frame (picture taken).

   d) The backs to the dining [redacted] were observed to be discolored Pictures taken).

   e) Observations of the hallway wall in the memory care unit revealed the paneling on the left side of the hallway was not affixed to the wall and sections were coming off of the wall.

2. On [redacted] at approximately 12:06 AM, Staff D was interviewed. Staff D stated the face to the smoke alarm of Resident #3 ' s [redacted] been off for the past two days.

3. On [redacted] at 11:36 AM, Resident #9 was interviewed. She stated her AC unit has been leaking onto her [redacted] for the past month. Resident #9 stated she reported the leak to the office staff.

4. On [redacted] at 2:35 PM, Resident #1 was interviewed. Resident #1 stated there was a hole in his ceiling for

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approximately two years. He states the facility began to repair the hole a month ago. He reports he would like the repairs to his wall and ceiling to be made.

5. On at approximately 3:40 PM, Resident #3 was interviewed. Resident #3 stated his closet was, "dilapidated" and the facility replaced the doors five to six months ago. Resident #3 stated he would like for the facility to complete the repairs to his closet.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

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

Dear Administrator:

Re: CCR #2013006659

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

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