STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910374	10/09/2013
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 - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility complaint inspection was conducted on . . . . The Windsor Court assisted living facility had licensure deficiencies found at the time of the visit.

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC
Based on record review and interview, the facility's elopement policies and procedures failed to consider for 1 out of 13 residents (Resident #2) an accurate resident assessment for elopement risk based on clinical conditions and previous history of elopement, failed to implement a facility-developed elopement risk resident list and failed to identify staff responsible to carry out each specific duty during an elopement event in the facility.

The findings include:

In an interview with the Administrator on at 9:40 AM, he stated that Resident #1 eloped from the facility on . . . . for approximately 30 minutes and returned without any injuries or mishaps. He stated at this time that Resident #2 left the facility on her own recognizance after she told the receptionist that she was going to go to the pharmacy, bank and to her friend's home on . . . . He also stated at this time that Resident #2 was functionally independent and managed her own medications.

Review of the facility elopement/missing resident policies and procedures, it indicated that residents who cannot leave the facility independently and their whereabouts is unknown, and residents who are able to leave the facility independently and do not return at the expected time, are considered to be "missing residents". In an interview with the Administrator on . . . . at 9:50 AM, he stated that each elopement risk resident does not receive a specific elopement risk assessment and he considers every resident that is assessed by their physician through their individual health assessment with a diagnosis of to be high risk for elopement independent of functional status or other conditions.

Review of Resident #1's record indicated that he was admitted to the facility on . . . . from the his own home and is in located in the locked unit of the facility. Review of the resident's health assessment dated on . . . . indicated that he had diagnoses including of . . . . . type. Further review of his health assessment indicated that he had a "high risk" special precaution without specifies, he needed assistance with . . . . supervision with bathing and dressing, and was independent with ambulation, eating, toileting and transferring.

Review of the facility ' s records indicated that Resident #1 left the facility on . . . . with a facility ' s staff member seeing him walking down the street outside the facility. The police were notified of this and the police helped the resident return to the facility immediately.

Further review of the records indicated that Resident #2 left the facility on . . . . to pick up her medications from the pharmacy and she did not return to the facility. Further review of Resident #2's record indicated that she

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had not returned to the facility since .

In an interview with the Assistant Administrator on at 12:55 PM, she stated that on at approximately 9:15 AM the receptionist notified her that Resident #2 was on her way out the front door of the facility and she stopped the resident temporarily to call and inform her of this. She stated at this time that although the resident was assessed to need assistance with ambulation and supervision with transfers, she really did not like to receive or needed assistance with her functional tasks. She stated at this time that the facility did not contact the physician who assessed the resident on to notify him that the resident was independent with her activities of daily living (ADLs).

In an interview with the Receptionist on at 1:00 PM, she stated that Resident #2 came up to her on at 9:15AM and said she was going to the bank, to the pharmacy to get medications and to go see some friends that live on [... ...] (approximately 15 minutes from the facility) by taxi. She stated at this time that she saw the taxi waiting for the resident in the front of the facility and that the resident was propelling her own wheelchair (w/c) independently. She stated at this time that she asked the resident to wait for her to call the Assistant Administrator, in which the resident obliged and the Assistant Administrator told her to allow the resident to leave the facility independently since she was not considered an elopement risk. She stated at this time that she allowed the resident to depart the facility and did not ask the resident when she would return to the facility or of her specific whereabouts when outside the facility.

Review of Resident #2's record indicated that she was admitted to the facility on from a homeless shelter and was in Review of the resident's health assessment dated on indicated that she had diagnoses including left side partial due to and Further review of her health assessment indicated that she had and precautions, she needed assistance with ambulation and bathing, supervision with dressing, and transferring, and was independent with eating and toileting and was independent with her medications.

In an interview with the Assistant Administrator on at 2:40 AM, she stated that the elopement policies and procedures do not address the facility's resident "high risk" list in detail to determine its implementation and specific use. She also stated that the "high risk" list dated on was the most current list available.

In an interview with the Med Tech on at 2:45 PM, she stated that the high risk list means that the included residents are an elopement risk. She stated at this time that the high risk list is to be updated at least every week and that the current list was not properly updated because there are residents that need to be on the list that are not currently on the list. The Med Tech revealed, like Residents #3, 4, 5 and 6, should be on the list but are not currently.

In an interview with the Administrator on at 3:30 PM, he stated that he was not aware that the facility ' s "high risk" list indicated that the residents on it were solely elopement risk residents. The Assistant Administrator stated at this time to the Administrator that it was the facility ' s practice to place elopement risk resident in the high risk list so as to identify the residents that have a current elopement risk in the facility. The Administrator

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stated at this time that he understood that the facility ' s elopement policies and procedures did not have enough detail to include the consideration of an accurate resident assessment to include the following: elopement risk based on clinical conditions and previous history of elopement, the implementation of the facility-developed elopement risk list and the identification of staff responsible to carry out each specific duty during an elopement event in the facility.

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 #2013010547

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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