STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967748	**12/04/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Windsor Of Venice	**600 Center Rd Venice, FL 34292**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

Specific Tag Findings:
These are the results of an unannounced Limited Nursing Services (LNS) survey conducted on [redacted] at Windsor of Venice an Assisted Living Facility (ALF).

The following is a description of non-compliance:

N278-LNS - Records 58A-5.031(3) FAC
Based on record review and interview, the facility failed to conduct a monthly nursing assessment for 6 (Residents #6, #7, #12, #13, #14, and #15) of 6 sampled residents receiving Limited Nursing Services (LNS) for over 30 days.

The findings include:

During review of the facility's documentation for the 8 residents identified as receiving LNS, two of the residents were noted to have been receiving LNS for less than 30 days. For Residents #6, #7, #12, #13, #14, and #15, who had been receiving LNS for over 30 days, there were nursing assessments for the month of [redacted] but no evidence that a nursing assessment had been completed for the month of [redacted].

On [redacted] at 1:04 p.m., during an interview with the Director of Nursing (DON), she stated that the facility had a change in the Registered Nurse Consultant (RNC) and was aware that the monthly nursing assessments had not been completed.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Windsor Of Venice
600 Center Rd
Venice, FL 34292

Dear Administrator:

This letter reports the findings of a Limited Nursing Service (LNS) survey that was conducted on 2013 by representatives of 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 days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after . 2014 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

sh
Enclosure: State Form

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

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372