STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967748	03/04/2014
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 - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0164 - 58a-5.024(4) Fac - Records - Inspection Availability S-S= B

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

The following is a description of non-compliance:

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, interview, and record review, the facility failed to provide care and services appropriate to meet the needs of 4 (Residents #2, #3, #5, and #18) of 19 residents sampled as well as random residents observed during the dining observation.

The findings are included:

1. On [redacted] at 11:19 a.m., Resident #2 stated that his wife is [redacted] of [redacted] and wears briefs. He stated that he doesn't think there is enough staff to help her. He stated that the trash only gets taken out once a day and it causes his [redacted] smell of [redacted].

2. On [redacted] at 11:25 a.m., Resident #3 stated, "my husband has to help me get in my wheelchair. He has to do this each time we need to go downstairs. We go downstairs for our medicine, for meals and for our cocktail before dinner. It takes too long for staff to respond to the call light to help him."

3. On [redacted] at 1:50 p.m., Resident #5 stated, "I stopped asking for help with getting my wife dressed. I didn't know when they would come. They would sometimes come at 6:00 a.m. and sometimes 8:00 a.m. Sometimes they wouldn't come at all." Resident #5 stated that his wife is scheduled for 2 showers a week. He said if they don't have enough help then she doesn't get her shower. He stated that he didn't think there was enough help for all the residents. He said that there were residents that consumed the staff's time and didn't leave them time to help the other residents.

4. On [redacted] at 2:45 p.m., the Executive Director stated that she didn't know of Resident #18 wandering out into the sidewalk of the facility near the end of the parking lot. She stated that she knew only of his falling on [redacted] and [redacted]. The Executive Director stated that we are using [redacted] as an intervention. She again stated, "I didn't know anything about him going into the parking lot and having to be being brought back."

On [redacted] at 3:10 p.m., Employee D said that she remembers an instance where a resident had wandered from the facility about 2 weeks ago. She said it was Resident #18. Employee D said, "I found him in his wheelchair on the sidewalk near the end of the driveway going into parking lot. His one wheel was up on the curb and he was about to tip over so I jumped out of my truck and brought him back to the facility. I asked the girl at the front

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967748	03/04/2014
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)		

desk, Employee E, if they knew he was gone and she said no. So I told her, here he is."

On . . . . at 3:15 p.m., Employee E stated, "Resident #18, sometime in , wandered on to Center Road going towards Jacaranda Blvd. 911 dispatch was called to see if he lived here. Apparently he . . l on his walk and they took him to Venice Regional Medical center. He returned the following day. She said that she thought Resident #18 was in the corner of the parking lot. She said she notified nursing and she went outside. She said I think I found someone who belongs to you. He was still in the parking lot. She said she thought she notified the Executive Director (ED), but got Employee F. She said she would think the nurse would file the incident report. She said that she was not sure who it was that came in and told me about him."

On at 3:50 p.m., Employee F was called by phone. She stated, "I remember the incident with Resident #18, I believe I filled out an incident report. He wheeled himself out into the parking lot. I did the report after Employee G had left, but she is aware of it."

On . . . . at 3:55 p.m., Employee G, responded "I knew Resident #18 was out in the parking lot, I don't remember who told me." She stated she didn't believe an incident report needed to be filled out because Resident #18 didn't leave the property. She stated it was his first day or two here and he was agitated. Employee G stated, "He didn't leave and he didn't l at that point. So why should I complete a report. I mean if he had gone off the property that's elopement." Employee E stated that it was a fair statement to say that the facility staff did not have general knowledge of Resident #18's whereabouts.

5. On observation of noon meal was made. One table was noted to not have been served. All of the other tables around it had their food already. When asked, one of the residents stated that they hadn't even had their order taken. The resident stated that there wasn't enough staff to help all the residents.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on record review and observation, the facility failed to ensure the residents right to adequate and appropriate health care consistent with established and recognized standards within the community by allowing 3 (Resident #9, #20, and #21) residents who were assessed as not capable of self-administration of medication to self-administer their medications.

The findings include:

1. A record review on . . . . of Resident #9's Medication Observation Record (MOR) revealed that it documents the resident is prescribed . . 325 mg tablets as needed every 4 hours for pain.

A record review on . . of Resident #9's Self-Administration of Medication Review, not dated, revealed that it documents she has not been granted approval to self-administer medication.

An observation . at 11:15 a.m., with the facility Executive Director (ED), of Resident #9's a bottle of . . 500 mg next to her sink. The resident stated, "I only take that once in a while for pain."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967748	03/04/2014
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)

2. A record review on of Resident #20's MOR revealed that it documents she has been prescribed 15 mg one tablet by mouth every morning.

A record review on of Residents #20 and #21's Self-Administration of Medication Review dated revealed that they document that they are not capable of self-administering medication and have not been granted approval to self-administer medication.

An observation on at 11:20 a.m., with the facility ED, of Residents #20 and #21's a large bottle of 500 mg tablets, Galviscon ES tablets and with chondroitin supplement located on their bedside. Resident #21 stated, "We only take those once in a while." On at 3:00 p.m., a second observation with the facility ED was conducted and the medications remained in the same location.

During an interview on at 1:30 p.m., with Residents #20 and #21 and the ED, Resident #21 stated, "My wife mostly takes the and and I take the ." The medications remain at the bedside table.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on record review, observation, and interview the facility failed to appropriately assist with self-administration of medications for 3 resident (Resident #11, #12, and #14) of 5 sampled residents and for 3 randomly observed residents.

The findings included:

1. An observation on at 9:30 a.m., of Employee H assisting Resident #11 with a Inhaler. Employee H failed to instruct the resident on the proper technique to use the inhaler. Employee H placed the capsule into the device and handed it to Resident #11. Employee H failed to instruct Resident #11 on how many breaths she needs to take. Resident #11 was observed to take the device from Employee H, hold it up to her mouth and inhale, taking only one breath.

Review of the instructions documents under "How should I take Hand inhaler" bullet #8 documents: "After the capsule is pierced, take a complete dose of Hand inhaler by breathing in the powder by mouth two times, using the hand inhaler device (take 2 inhalations from one capsule)."

2. A record review on of Resident #12's MOR revealed that it documents she is prescribed mg tab take 2 1/2 tablets by mouth at 7:30 a.m. and 11:30 a.m. and 1 tablet at 8:00 p.m.

During an observation on , Employee H was observed assisting Resident #12 take mg tab 2 1/2 tablets at 9:05 a.m.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967748	**03/04/2014**
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)		

3. A record review on [redacted] for Resident #14's Medication Observation Record (MOR) revealed that it documents the resident is prescribed [redacted] 40 mg 1 tablet by mouth each day before breakfast.

During an observation on [redacted] at 8:45 a.m., Employee H was observed assisting Resident #14 take [redacted] 40 mg 1 tablet by mouth. Immediately after the resident took her medication the Surveyor asked if she had eaten breakfast, the resident responded "I already ate my breakfast a while ago."

4. An observation of the medication technician during medication assistance with residents revealed the medication technician would ask each resident, "Would you like me to tell you what meds you are taking" and she would wait for the resident response. Employee H failed to identify 3 out of 5 residents' medications before assisting them to take it.

Class III

0164-Records - Inspection Availability 58A-5.024(4) FAC
Based on observation and interview, the facility failed to have available to the residents and the public the reports which pertain to any agency survey inspection, monitoring visit or complaint investigation,

The findings include:

On [redacted] at 10:00 a.m., the Executive Director (ED) stated that the survey binder was kept in her office. When asked why it wasn't readily available for the residents and guests to access she stated, "We don't keep it out here because it keeps disappearing into resident [redacted]

On [redacted] at 4:00 p.m., observation was made that the Survey book was not available to the residents and public. The ED stated, "I told you that it disappears and gets found in the resident's [redacted] that is why it is kept in my office."

Class [redacted]

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Windsor Of Venice
600 Center Rd
Venice, FL 34292

Dear Administrator:

This letter reports the findings of a Biennial and Limited Nursing Service (LNS) survey that was completed on 2014 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 12, 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