

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/17/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910374	(X3) DATE SURVEY COMPLETED 02/28/2014
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 - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint survey, CCR #2013012112, #2013010509, #2014000249, #2014000665 and #2013011982 was conducted on _____ and _____ at Windsor Court. The facility had licensure deficiencies identified at the time of the visits.

Deficient practice identified at A 0152 for CCR#2014000249

An unannounced Relicensure survey with Limited Mental Health (LMH) was conducted in conjunction with the above surveys on the same dates. Please refer to the separate report for the findings.

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observations and interviews, the facility failed to ensure existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order.

The findings include:

I. During a tour of the facility conducted _____ at 1:22 PM with the facility Manager present, the following concerns were observed:

a. In the _____ Cottage 1, the _____ cabinet was significantly deteriorated at the bottom and showed signs of water damage at the bottom and rear of the vanity cabinet. Rust-colored marks showing water damage were located in a 12-inch diameter in the ceiling above the sink. Located next to that was an unfinished ceiling repair in a 12-inch diameter which was unsightly. The paper towel wall dispenser had broken off.

In an earlier observation conducted _____ at 11:00 AM, three tiny flies were observed in the _____. The occupant, Resident #13, stated the flies come from the shower drain which backs up with sewage sometimes. This was discussed with the facility Manager on _____ at 1:22 PM.

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b. The bottom shelf of the cabinet located beneath the juice machine in the dining _____ observed with excessive food debris and soil.

c. The sink in the _____ resident _____ was separated from the wall, the caulking was thick but inadequate to create a seal, and had unknown black and yellow substances in the caulking.

These concerns were discussed with and acknowledged by the facility Manager during times of observations.

II. During a tour of the facility conducted _____ beginning around 8:50 AM, the following concerns were observed by surveyor:

- a. Front Hall - first floor ceiling, multiple dirty a/c vent screens.
- b. _____ 113 - door frame, paint discolored, bath across from _____ 113, paint peeling on wall and wall stains.
- c. _____ 112 - door frame paint discolored.
- d. _____ 111 - wall behind toilet paper dispenser paint discolored, also bath door frame paint discolored.
- e. First floor elevator door paint discolored.
- f. _____ 109 - bath door paint peeled off and also scarring.
- g. _____ 108 - bath door is scarred and discolored.
- h. _____ 102 - _____ discolored; hole in door.
- i. Hall corridor outside 302 is damaged - paint is scraped.
- j. _____ from _____ 304 - fan is making strange loud noises and in disrepair.
- k. _____ from _____ 305 - tub enclosure paint badly scraped in midsection and discolored.
- l. Corridor wall adjacent to _____ 305 - wall is grooved and discolored.

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- m. Ceiling tile across from ____ 306 not cut to size and has opening in the ceiling.
- n. ____ 301 - _____ discolored.
- o. ____ 300 -closet door is off track - does not function.
- p. ____ 308 - Rug has stain in middle of floor, _____ has holes in wall near mirror, shower wall is dirty and there are holes in wall under towel rack, door missing handle.
- q. ____ 310 - Wall around sink needs paint. Edge of a shower wall needs repair and paint.
- r. ____ 316 - toilet bowl stained dark brown.
- s. Elevator door third floor- discolored and also a hole in door needs repair.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

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

Dear Administrator:

Re: CCR #2013010509, #2013011982, #2013012112 #2014000249 and #2014000665

This letter reports the findings of a complaint survey that was conducted on 2014 by representatives 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 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 representatives. 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

