STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967748	05/13/2014
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 - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:
An unannounced Complaint Survey, CCR# 2014003342 which was conducted on . . . . . at Windsor of Venice, an Assisted Living Facility (ALF) located in Venice, Florida.

The complaint had 3 allegations which were substantiated.

The following is a description of non-compliance:

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on record review, observation and interview, the facility failed to administer adequate and appropriate health care consistent with established and recognized standards within the community by not following the prescribed physician orders for 2 (Residents #11 and #24) out 4 sampled residents.

The findings included:

1. An observation on . . . at 12:28 p.m. with the Health Care Coordinator (HCC) of Resident #24's . . . concentrator in his . . . . . The Health Care Coordinator confirmed the . . . concentrator flow meter showed the . . . was set at 1 1/2 liters. The HCC confirmed Resident #24 is to receive 2 liters of . . . via nasal cannula.

2. An observation on . . . at 12:30 p.m., with Staff J of Resident #22 during lunch. Observed Resident #22 using her portable . . . tank via nasal cannula and the flow meter was observed to be set at 3 liters. Staff J lowered it to 2 liters; and confirmed she is to receive 2 liters.

3. An observation on . . . . at 12:33 p.m., with Staff J of Resident #11 during lunch. Observed Resident #11 sitting at the table with the portable . . . tank turned off.

4. An observation on . . . . . at 12:35 p.m., with Staff J of Resident # 24 during lunch as he was walking out of the dining . . . . wearing his . . . Staff J asked Resident #24 to stop and placed the nasal cannula on his nose and turned on his . . .

5. Review on . . . . . of Resident #11's physician visit note dated . . . . . revealed that it documents "Course BS (breath sounds) with . . . . . Increase O2 . . . to 3 liters."

Review on . . . . . of Resident #11 Limited Nursing Service (LNS) Monthly Nursing Assessment dated . . . . revealed that it documents the administration of . . . as 2L NC (2 liters nasal cannula) (which was crossed out) and written in now on 3L NC (3 liters nasal cannula). The physician order was not written until . . .

Review on . . . . of Resident #11 LNS Log note revealed that it documents the Resident received . . . at 2 liters via nasal cannula after the order to increase the . . . to 3 liters on . . . . on the following dates: . . . . . (5:20 a.m.), ... (1:20 a.m.), . . . (1:30 p.m.), ... (2:00 a.m.), . . . (10:30 a.m.), ...

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(5:35 a.m.), (5:20 a.m.), and (5:20 a.m.). All notes document "No distress."

6. Review on of Resident #24's Physician order dated revealed that it documents an order "O2 at 2L (2 liters) while in (nasal cannula)."

Review on of Resident #24's LNS Log note dated at 5:00 a.m. revealed that it documents "...Reapplied O2 2L via NC..."

7. During an interview on at 4:15 p.m., with the Health Care Coordinator she stated, "The concentrators are checked throughout the day but Resident #24 likes to play with it. When we looked at it , it was at 1 1/2 liters and it was supposed 2 Liters. Myself, I would listen, to their lungs, to someone on but Staff J doesn't. I have been trying to work with the staff about addressing different issues; basic nursing skills."

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Windsor Of Venice
600 Center Rd
Venice, FL 34292

Re: CCR #2014003342

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on . 2014 by a representative 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 surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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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