RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Windsor At Ocala
2650 Se 18th Avenue
Ocala, FL 34471

RE: CCR #2014005195

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 by a representative of this office.

Enclosed 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 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 (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw

Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967675	07/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Windsor At Ocala	**2650 Se 18th Avenue Ocala, FL 34471**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Complaint Survey CCR #2014005195 was conducted at The Windsor of Ocala Assisted Living Facility in Ocala, Florida on , 2014. Licensure deficiencies were identified as a result of the complaint survey. The facility was not in compliance with 58A-5, FAC and Chapter 429, Part I, FS.

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC
Based on interview and record review the facility failed to ensure reporting requirements were completed for 2 residents, residents #3 and #4, of 4 sampled residents related to loss or stolen items requiring a police investigation.

Findings:

A record review of the facility's Resident Grievance Concern Binder revealed dated on , Resident #4 had a grievance related to checks missing. A request that the police be called.

A Record review of the facility's Resident Grievance Concern Binder revealed a report was completed on for Resident #3 for missing checks.

Record review of Inter-Company Reportable Events Policy and Procedures dated : revealed Purpose: To set forth guidelines and responsibility for reporting and handling reportable events in the residence. Procedure: Review applicable state regulatory reporting requirements for all reportable events involving , neglect or misappropriation of resident property. On page 2 Reportable Events Categories: Subtitle Potential or Suspected Resident : This category includes suspected , neglect or misappropriation of resident property by staff, contractors, family members, visitors or other parties. Under subtitle Suspected Resident with Police Involvement and/or Confirmed . This category includes cases of suspected resident neglect or misappropriation of resident property by staff, contractors, family members, visitors or other parties where law enforcement is involved. It also involves all cases of confirmed resident , neglect or misappropriation of resident property. On page 3 Section V. Subtitle - Suspected Theft or Theft of Resident Property where there is Police involvement, by an Associate or Contractor. This category includes, but is not limited to, circumstances where resident property is missing or cannot be accounted for. Reports should be made regardless of whether the theft can be attributed to a specific person. What entity is this policy saying reports have to me made to: AHCA, Law enforcement? DCF?

On at 1:17 PM an inteview was conducted with the Administrator, revealed the police were called regarding the missing checks for Resident #3 and #4, and an investigation was done. In these cases the police were notified, and did an investigation; but they were not notified by the facility. The report was filed by the family

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967675	**07/16/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Windsor At Ocala	**2650 Se 18th Avenue Ocala, FL 34471**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

or someone else, so I didn't file a report with AHCA because we were not the ones to call the police.

Class III