STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910374	12/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Windsor Court	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 - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments
Unannounced licensure complaint surveys, CCR#2014009740 & CCR#2014010028, were conducted on [redacted] & [redacted] at Windsor Court. The facility had deficiencies found at the time of the visit.

Deficient practice identified at A 0030 for CCR#2014010028
Deficient practice identif at A 0152 for CCR#2014009740

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on interview and record review, it was determined the facility failed to ensure each resident shall be treated with consideration and respect and with due recognition of personal dignity and individuality; specifically related to misappropriation of a resident's property, for 1 of 5 residents' records reviewed (Resident #5).

The findings include:

a) Resident #5's health assessment, dated [redacted], indicated diagnoses of [redacted] ETOH [redacted] and [redacted]. This health assessment noted [redacted] status as alert and oriented with short-term memory loss. This resident was noted to require supervision with dressing; assistance with [redacted] and was noted to be independent with all other ADLs. Resident #5's admission agreement, dated [redacted], indicated a payment of $3400.00 was due by the 3rd of each month. This resident signed the admission agreement. This resident's demographic form noted "self" as person responsible for medical and financial decisions.

This resident was noted to have been placed in this facility by [name of company] related to a pending eviction of a [redacted] adult. He was noted to have [redacted] and a spouse that is [redacted]. The history and physical, dated [redacted], reflected long-term placement as this resident was noted to have been evicted from a motel as he was no longer able to do the upkeep secondary to the

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advancing ..... due to ETOH. Under the Health Care Surrogate section of this H&P (history and physical) the notation was made that "wife makes decisions".

The interdisciplinary progress note entitled ... dated ..., reflected diagnoses of ..., ETOH, ..., and ... This resident was noted as demented and alert and oriented X1 (to person).

b) The Resident Observation Log, dated ..., indicated that spouse would not give the facility the [company] check for Resident #5. She was noted to have had the check transferred to the daughter. Daughter was contacted with no reply. The [company] called and Resident #5 and the Administrator was present and the spouse "still refuses to hand check over".

The Resident Observation Log, dated ... indicated "Resident is ... He put the diaper in ... Paper towel in toilet, ... the toilet. He is ... Resident #5's physician's history and physical, dated ... indicated this resident's mental status as alert and oriented to person only with no ... or ...

c) A review of the A/R (accounts receivable) report for Resident #5 indicated a balance due the facility in the amount of $41,046.00 effective ...

During interview with the Administrator, conducted on ... at approximately 9:15 AM, he was asked if Resident #5's spouse requested to go to the bank ... (Friday) when the check for $1200.00 was received. He replied that she did in fact ask to go to the bank but that his vehicle would not accommodate both residents and that he explained this to her. He stated she went to the vehicle and saw for herself that it would not accommodate both residents. The Administrator stated he accompanied Resident #5 to the bank and obtained a $1200.00 check and Resident #5 obtained $100.00 in cash at that time. The Administrator stated that a stop payment was put on the check by the following Monday and that the facility never received those funds. The Administrator stated he was aware that this resident had ..... and that the letter from the [company], dated ..., indicated that "benefits have been withheld because of a finding of incompetence has been proposed as the outcome of your rating decision". This letter noted that "a separate letter outlining the steps that will be taken in the appointment of a fiduciary to handle your [company] affairs". The Administrator was asked if he had knowledge of this letter prior to the visit to the bank to have Resident #5 withdraw funds on ..... He acknowledged he was aware of this letter but that he chose to take this resident to the bank because the resident agreed to go so he could pay rent to the facility. He was asked, again, why he did not take

Resident #5's spouse as this resident was in the process of possibly being determined to be
He replied that there was not his vehicle to take the spouse because there are tools in the vehicle.

During subsequent interview with the Alternate Administrator, conducted on beginning at approximately 10:15 AM, she was provided the opportunity to locate any documentation for Resident #5 that indicated he was or that a power of attorney or health care surrogate had been appointed for him. She was unable to find this documentation and she stated there was no such documentation for Resident #5 and that his spouse made decisions for him. She acknowledged that the facility was aware that this resident had

d) Review of the police report, dated at 1129 hours, the officer documented that the daughter of Resident #5 advised the officer that the Administrator of Windsor Court was supposed to have taken this resident to the [company] and instead took this resident to the bank and obtained a check for the facility in the amount of $1300.00 on without the resident's permission. The daughter informed the officer that the only person that is to have access to this account is the spouse of Resident #5 (due to Resident #5's mental A copy of the bank's withdrawal slip was placed into evidence by the officer. The officer noted in his report that this report is for informational purposes only at this time and this ends the officer's involvement in this case.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation, interview and record review, it was determined the facility did not maintain an environment that was safe and free of hazards, specifically related to toilets not being secured to the floor and fans encrusted with dust and that the facility did not ensure that all existing structural systems and appurtenances are maintained in good working order.

The findings include:

During observational tour that was conducted with the 7-3 Supervisor, on beginning at approximately 8:00 AM, she acknowledged the following concerns:

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First Floor:

a) The circulating fan that is attached to the wall in the lobby area was encrusted with dust (metal housing and fan blades).
b) Approximately 4 ceiling tiles in the lobby area contained light brown stains.
c) The circulating fan that is attached to the wall in the dining ... encrusted with dust (metal housing and fan blades).
d) The "shield" on the steam table was heavily laden with food debris in the dining ... At the time of this observation the Kitchen Manager came out and stated some of what was on the steam table shield was where they had attempted to clean it and it "melted" with the cleaning agent that was utilized. She was asked about the food debris. She acknowledged that the food debris was present. However, she stated that the steam table is no longer utilized. She acknowledged that it was part of the dining ... and should have been clean.
e) Laundry ...: no door was installed as it was standing in the laundry ... a sign entitle "soiled utility"; the door jam is not finished and it has exposed drywall; there are 3 latex gloves on the floor; there are a mop and ... the floor along with a bucket of gray water. The 7-3 Supervisor stated one of the washing machines was out for repair and that was why the door was removed. She was not aware how long the door had been down and the machine out for repair. She could not provide an explanation as to why the gloves were on the floor and the mop and ... not in a properly fastened rack designed to hold them. She also did not know why there was a bucket of gray water maintained in this area.
f) The ...: 104 contained a toilet that was not secured to the floor. The Supervisor stated that the toilet was on the maintenance log for repair. Upon review of maintenance log with the Supervisor on ... at approximately 8:55 AM this was not noted.
g) The restroom near 113 contained a toilet that was not secured to the floor. The Supervisor stated that the toilet was on the maintenance log for repair. Upon review of maintenance log with the Supervisor on ... at approximately 8:55 AM this was not noted.

Second Floor:

a) 3 of the 20 seats in the activity ... noted to have tears in the seat cushions
b) The toilet in ... was not secured to the floor.

Third Floor:

a) The restr ... 313 had a strong ... odor present.
b) The restroom near 314 contained as sink that was not secured to the wall.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2014009740 and #2014010028

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2014 through , 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 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 representative. 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

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com