AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910760	**06/12/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
WINDSOR HOUSE	**411 HAMILTON CRESCENT CLEARWATER, FL 33756**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A Biennial licensure survey with limited mental health services (LMH) was conducted on .

The Windsor House assisted living facility had one deficiency found at the time of the visit.

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

Based on observation and interview, the facility failed to provide a safe living enviroment for their residents.

Findings Include:

During the tour of the facility on at 8:30 am ,there were physical plant issues concerning the residents .

.....The towel rack was missing. There was a build up of soap scum on the tub and sink.There were personal items in the shared were not marked .

..... A large ceiling tile was missing and personal items not marked in shared .

.....There are personal items not marked in shared there was a build-up of soap scum in in the shower and sink.

...There are personal items not marked in the shared .

...There are grey spots on the ceiling of the shower and no paper towels or cloth towels for hand drying.

... The air vent in the ceiling is being held up with duct tape and the extra bottles in standing in the corner of the being secured and personal items in the shared not marked.

When interviewed on at 2:45 pm, the administrator stated he would addresss all of the physical plant issues right away.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Windsor House
411 Hamilton Crescent
Clearwater, FL 33756

Dear Administrator:

This letter reports the findings of a biennialstate licensure survey with limited mental health (LMH) services that was conducted on , 2015 by representative(s) 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. **Please forward documentation of correction to the Field Office.** 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(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida