RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
The Willows at Wildwood
4725 Bellwether Lane
Oxford, FL 34484

RE: CCR #2015008991

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

XG90

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Alachua, FL 32615-5669
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968749	09/22/2015
NAME OF PROVIDER OR SUPPLIER **THE WILLOWS AT WILDWOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **4725 BELLWETHER LN** **OXFORD, FL 34484**	

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

0000 Initial Comments

On , an unannounced complaint survey CCR # 2015008991 was conducted at The Willows Assisted Living Facility in Oxford, Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0081 Training - Staff In-Service

Based on record reviews and interviews the facility failed to provide Neglect and training, Resident Rights Training and Activities of Daily Needs training for 3 of 4 staff reviewed (A, B, & D).

Findings:

On an employee record review was conducted on four direct care staff A, B, C, D. It was observed that staff A was hired / and did not have Activities of Daily Living and behavior needs training. Staff B who was hired / did not have Activities of Daily Living and Behavior Needs training. Staff D was hired and did not have Neglect and training or Resident Rights training.

On at approximately 3:36 PM an interview was conducted with the business manger. She stated she does not work in this facility full time but all new employees must go through their foundation training which covers all the in-service training.

On at approximately 5:25 PM an interview was conducted with staff D who is a nurse. She stated since being hired she has been scheduled several times to take the foundations training but its been canceled because she had to work the floor. She has not received the the Neglect and Training or the Resident Rights training.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation, interview, and record review the facility failed to provide a clean bed for 2 of 8 sampled residents (resident #7 and #8).

Findings:

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NAME OF PROVIDER OR SUPPLIER THE WILLOWS AT WILDWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 4725 BELLWETHER LN OXFORD, FL 34484	

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

On at 12:30 PM. Resident #7's bed was observed. The bottom sheet and cotton chuck was damp, with a foul odor. A brown circular stain was observed around the damp sheet and damp chuck. The bed was made over the damp bottom sheet and cotton chuck (photographic evidence obtained).

An interview was conducted on at 12:38 PM with staff G. Staff G stated that the linens are checked daily by staff and put in the wash if soiled. She also stated that resident #7 does not make his own bed.

On at 12:38 PM. Staff G was shown resident #7's damp bottom sheet and damp chuck. Observation at that time revealed Staff G bent over and smelled the damp stain and stated, "It smells like ." She then felt the damp area on the bottom sheet and chuck with her hand. Staff G then pulled off all the linen on the bed.

A review of Resident #7's record showed resident #7's health assessment (AHCA Form 1823) stated the resident is of bowel and . It further stated that resident #7 requires a extensive clean up each morning.

On at 12:30 PM. Resident #8's bed was observed. The bottom sheet was slightly damp and smelled of . The bed was made over the damp bottom sheet.

On at 12:38 PM with staff G was interviewed. Staff G stated that the linens are checked daily by staff and put in the wash if soiled.

An observation on at 12:38 PM. Staff G was shown resident #8's slightly damp bottom sheet. Staff G felt the damp area on the bottom sheet. Staff G then pulled off all the linen on the bed.

Class III